

Case Number:	CM15-0055104		
Date Assigned:	03/30/2015	Date of Injury:	06/03/2014
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 56 year old male who has reported low back pain after a lifting injury on June 3, 2014. The injured worker was diagnosed with lumbar spine neuritis, radiculopathy, sprain/strain of sacroiliac ligament, abnormality of gait, and sciatica. Treatments have included Lyrica, cyclobenzaprine, diclofenac, carisoprodol, hydrocodone, lactulose and physical therapy. The primary treating physician reports during 2014-2015 reflect ongoing 8-10/10 low back pain and very limited function. Medications prior to December included Lyrica only. Work status was "temporarily totally disabled" on all reports. A report of 10/20/14 states that an inguinal hernia was present. No history or physical findings for the hernia were listed. A Request for Authorization of 11/21/14 lists a general surgery referral for the inguinal hernia. On 12/15/14 cyclobenzaprine and diclofenac were added, with mention of "spasticity" of the low back and function that was so poor that he could not walk more than one block. The physical exam did not include any spasm or areas of spasticity. Per the PR2 of 1/6/15, pain was 9/10. All functions were severely limited. Hydrocodone, Soma, and lactulose were added. Work status was "temporarily totally disabled." Per the report of 1/22/15, pain was 9/10 and function was very limited. A lumbar brace was prescribed. Per the PR2 of February 5, 2015, there was 9/10 back pain. Function was severely limited. The treatment plan included surgical consultation, a low back corset, physical therapy, and continuation of Soma, Norco, Lactulose, Lyrica, cyclobenzaprine, and diclofenac. Viagra was added. The surgical consultation was for a ventral hernia. There were no history or physical findings regarding the hernia. Viagra was for erectile dysfunction attributed to pain and "neuropathy." The physical therapy was for an impaired gait,

weakness, and safety impairment. The PR2 listed multiple passive modalities for physical therapy, including ultrasound. On 3/6/15 Utilization Review partially certified Norco and physical therapy, and non-certified a low back corset, a surgical consult, Soma, "lactose," and Viagra. Note was made of the lack of sufficient evaluation to support prescribing of Viagra and the surgical referral. The MTUS, the Official Disability Guidelines, and Viagra prescribing information were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Low post back corset: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 12, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The lumbar brace is therefore not medically necessary.

Surgical consult and follow up for ventral hernia repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd edition, text, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27-28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia chapter, surgery indications.

Decision rationale: The treating physician reports have referred to both an inguinal hernia and a ventral hernia. Neither condition was supported by any historical or physical findings. It is not clear if the injured worker has either or both of these conditions. The MTUS, as cited above, discusses the evaluation of hernias. This evaluation can be performed by non-surgeons. The Official Disability Guidelines citation above also discusses the specific findings for hernias that might indicate the need for surgery. The treating physician has not provided any information in compliance with this section of the MTUS or the Official Disability Guidelines. The referral is

not medically necessary based on the cited guidelines and the lack of sufficient clinical evaluation.

Physical therapy 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/Low_Back.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, and the treating physician statement regarding use of passive modalities, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Total disability work status implies a likely lack of ability to attend physical therapy, as the injured worker is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. "Temporarily totally disabled" status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the prescribing of passive modalities.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for more than a month. The quantity prescribed implies long term use, not a short period of use for acute pain. Spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing Soma. While Soma has been prescribed, pain was extreme and function was severely restricted. The work status "temporarily totally disabled." Per the MTUS, carisoprodol is categorically not recommended for

chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are very high and function is very poor while using Norco. The work status remains as "temporarily totally disabled," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Lactose 30mg x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=10803>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

Decision rationale: Although listed as "lactose," it is clear from the records that this medication is "lactulose." Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

Viagra 35mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.viagra.com/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Evaluation of male sexual dysfunction. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not provide direction for the evaluation of erectile dysfunction or the use of phosphodiesterase-5 inhibitors (Viagra/Cialis). An alternative, evidence-based guideline (UpToDate) was selected instead. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. Causes may be behavioral or organic. There may be important medical conditions causing erectile dysfunction in some patients. Some of the possible causes are androgen deficiency, depression, prescription and recreational drugs, inadequate arterial blood flow into (failure to fill) or accelerated venous drainage out of (failure to store) the corpora cavernosae, prior prostate surgery, antidepressant medication, unresolved patient/partner conflict. The evaluation begins with a sexual history and physical examination. A careful history and physical examination is necessary to evaluate erectile dysfunction. Laboratory testing may be required for some patients. The cited reference provides detailed recommendations for evaluation and treatment of erectile dysfunction. In this case, the treating physician has not provided evidence of a sufficient clinical evaluation of erectile dysfunction. The causation is not clear from the medical reports, and a phosphodiesterase-5 inhibitor may or may not be the best treatment for the condition present in this patient. A phosphodiesterase-5 inhibitor is not medically necessary based on the lack of sufficient evaluation or indications per the available records and medical evidence.