

Case Number:	CM15-0083417		
Date Assigned:	05/05/2015	Date of Injury:	09/14/2009
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Emergency 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 is a 55 year old male, who sustained an industrial injury on January 7, 2000. He reported low back pain with lower extremity pain, weakness and numbness. The injured worker was diagnosed as having lumbar discogenic disease with severe radiculopathy, bilateral, history of prior lumbar fusion with good outcome, probable breakdown above the fusion and bilateral internal derangement of the knees. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, chiropractic care, physical therapy, TENS unit, conservative treatments, steroid injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain with lower extremity pain, weakness and numbness and left knee pain. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 16, 2001, revealed continued severe low back pain with pain, weakness and numbness of the bilateral lower extremities. It was noted in that report electrodiagnostic studies revealed excessive nerve damage and magnetic resonance imaging (MRI) of the lumbar spine revealed disc damage. Evaluation on August 27, 2014, revealed severe pain. It was noted he was in a great deal of discomfort during the exam. MRI of the lumbar spine on January 17, 2015, revealed post fusion changes, spondylosis, laminectomy defect, disc desiccation and no evidence of signal abnormalities. It was noted previously listed conservative therapies were not beneficial. Evaluation on March 24, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/10197860>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction.

Decision rationale: The requested Viagra 50mg, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has continued lumbar pain despite fusion. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Viagra 50mg is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary. CA MTUS and CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued lumbar pain despite fusion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.