

Case Number:	CM15-0089558		
Date Assigned:	05/13/2015	Date of Injury:	12/06/2011
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 49-year-old male, who sustained an industrial injury on 12/6/11. The injured worker has complaints of neck and lower back pain. The documentation noted that the injured worker has element of depression. The documentation noted that he has lost desire for sexual relations that pain and worries do not him concentrate to perform. The injured worker has tenderness along the facet with facet loading along the cervicolumbar spine. The diagnoses have included discogenic cervical condition with magnetic resonance imaging (MRI) showing disc disease from C4 through C7; discogenic lumbar condition with magnetic resonance imaging (MRI) showing disc disease along the lumbar spine with facet hypertrophy noted at L3-L4, L4-L5 and L5-S1 (sacroiliac). Treatment to date has included acupuncture; norco; tramadol; psychology group sessions; injections; nerve studies of July 2012 revealed radiculopathy at C6-C7, repeated were negative in the upper extremities. Chiropractic treatments; hot and cold wraps; back brace; transcutaneous electrical nerve stimulation unit; neck traction; collar with gel and neck pillow. The request was for 60 tablets of flexeril 7.35mg; 60 tablets of protonix 20mg and 30 tablets of Viagra 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Flexeril 7.35mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in-patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has been receiving Flexeril for at least several months with no documentation of acute flare up of pain or rationale for prolonged use of Flexeril. This request is not medically necessary.

60 Tablets of Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Proton pump inhibitors such as Protonix are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. This worker is on an NSAID but there is no indication he has any of the above risk. It is stated that he did see internal medicine in the past for GERD but there is no documentation of the outcome of that visit or that he continues to have GERD symptoms and requires long-term use of a PPI. It is also documented that he takes this medicine for an upset stomach, which is a non-specific complaint, and not an indication for Protonix. This request is not medically necessary.

30 Tablets of Viagra 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rx List, online, Viagra.

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: Prior to initiating treatment for erectile dysfunction, there should be an appropriate evaluation to confirm the diagnosis and to rule out underlying etiologies. This evaluation should consist of a related history, physical exam and laboratory studies. In this case,

there is no evidence of any evaluation or work-up for erectile dysfunction. It cannot be assumed that this worker has erectile dysfunction or that it is due to pain simply based on his complaint of erectile dysfunction due to pain. The prescription for Viagra cannot be considered medically necessary or appropriate until an adequate evaluation has taken place. This request is not medically necessary.