

Case Number:	CM13-0050458		
Date Assigned:	12/27/2013	Date of Injury:	05/22/1997
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of May 22, 1997. Thus far, the applicant has been treated with the following: Analgesic medications including long and short-acting opioids; adjuvant medications; attorney representation; cervical fusion surgery; an intrathecal pain pump; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a utilization review report of October 24, 2013, the claims administrator denied a request for oxycodone, Xanax, Viagra, Keflex, and AndroGel. Norco and methadone were partially certified for weaning purposes. Senna and intrathecal morphine were likewise certified. The applicant's attorney later appealed. On July 24, 2013, the applicant did undergo reprogramming of the intrathecal pain pump. The battery was apparently replaced. On July 11, 2013, the applicant was described as having hypogonadism secondary to opioid therapy. Laboratory testing was endorsed. The applicant reported pain ranging from 1/10 to 8/10. The applicant stated that he can get out of bed daily. His resting will require 25% to 50% of the day. The applicant is having issues with anxiety and depression, but also states that he is happy and peaceful. There is no change in his presentation. He exhibits an antalgic gait without the use of an assistive device. He was given refills of Viagra and AndroGel. A later note of October 7, 2013 is notable for comments that the applicant states that his pain is improved by certain forms of physical exercise, rest, medications, and the intrathecal pump. The applicant is able to go out without assistance. He is able to dress himself and get out of the house daily. He is on oxycodone and methadone. Medications are refilled. An earlier note of August 15, 2013 is notable for comments that the applicant should increase the dosage of opioids employed through the

intrathecal pump and should reduce oral medications simultaneously, including oral oxycodone and methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 mg 1 to 1.5 tablets q4-6 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, although it does not appear that the employee clearly returned to work, the employee did report improved analgesia and increased ability to perform activities of daily living, such as getting about, moving about the house, etc., as a result of ongoing opioid usage. Oxycodone was apparently being employed for breakthrough pain while methadone is being used around the clock for long-term analgesia purposes. The employee, according to the treating provider, was reportedly stable on the current medication regimen. The employee was performing appropriate levels of physical activity alongside opioid usage. The employee denied any side effects as a result of opioid usage. The employee did not exhibit any sedation as a result of ongoing opioid usage. The employee was appropriate, alert, and oriented on multiple office visits referenced above throughout mid and late 2013. Continued usage of oxycodone in this context was indicated and appropriate. Therefore, the request is certified, on independent medical review.

Xanax 1 mg #1 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes. A more appropriate treatment for long-term purposes for anxiety or depression is an antidepressant, according to the MTUS Guidelines. In this case, the attending provider did not furnish any compelling rationale or narrative to the request for authorization so as to try to offset the unfavorable MTUS recommendation. It was not clearly stated why the employee could not employ an antidepressant, as suggested by the MTUS. Therefore, the request is not certified.

Viagra 100 mg #1 qday: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health website, article titled "Indications and early results of sildenafil (Viagra) in erectile dysfunction."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Erectile Dysfunction: an update" and the 2006 addendum; American Urological Association Education and Research, Inc.

Decision rationale: The MTUS does not address the topic. While the American Urological Association (AUA) does endorse usage of 5-phosphodiesterase inhibitors such as Viagra or sildenafil in the treatment of erectile dysfunction, in this case, the documentation on file does not clearly establish a diagnosis or symptoms of erectile dysfunction for which usage of Viagra would be indicated. Erectile dysfunction is not mentioned in the body of the report, in the past medical history section, and/or in the review of systems section in any of the aforementioned reports provided. Therefore, the request is likewise not certified.

Keflex 500 mg #1 BID x 7 days: 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), Section Infectious Diseases; Cephalexin (Keflex)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Drug Reference (PDR), online edition

Decision rationale: The MTUS does not address the topic. As noted in the Physicians Drug Reference (PDR), Keflex or cephalexin can be employed in the treatment of otitis media, skin infections, bone infections, prostatitis, and/or respiratory tract infections. In this case, however, the documentation on file does not establish the presence of any of the aforementioned diagnoses, issues, or suspected diagnoses or suspected issues. Therefore, the request remains non-certified, on independent medical review.

AndroGel 50 mg/5 ml gel 1% 2 packs qday: 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), Section Pain; Testosterone replacement for hypogonadism (related to opioids)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does support testosterone replacement with items such as AndroGel for those individuals with opioid-induced hypogonadism, in this case, the documentation on file does not establish the

presence of laboratory confirmed hypogonadism for which ongoing usage of AndroGel would be indicated. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Methadone HCL 10 mg 1-2 BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for those individuals with moderate-to-severe pain if the potential benefit outweighs the risk. In this case, the employee has, indeed, tried and failed several oral and intrathecal agents. Chronic pain, around the clock pain persists. Ongoing usage of methadone does appear to be indicated and appropriate here. The employee does appear to meet two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, he has returned to work. He does report improved functioning and reduced pain levels as a result of ongoing opioid usage, including ongoing methadone usage. Therefore, the original utilization review decision is overturned. The request is certified.

Norco 10/325 mg 2 tabs q4hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, it is not clearly stated why the employee needs to employ two separate short-acting opioids, Norco and oxycodone IR, in addition to long-acting methadone and intrathecal morphine. No compelling rationale for Norco usage in the face of the employee's also using multiple other long and short-acting opioids was proffered by the attending provider. Therefore, the request remains non-certified, on independent medical review.