

Case Number:	CM14-0132974		
Date Assigned:	08/22/2014	Date of Injury:	12/14/2007
Decision Date:	09/26/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/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 injured worker is a 59-year-old male who reported an injury on 12/14/2007, reportedly injured when he was struck by a forklift. The injured worker's treatment history included medications, urine drug screen, MRI studies, and medications. The injured worker had urine drug screen on 05/20/2014 that was positive for opioid usage. The injured worker was evaluated on 06/24/2014 and it was documented that the injured worker complained of lower back pain, a muscle spasm in the form of knots throughout his back. The pain extended down to the left leg in the form of sciatica. The provider noted the injured worker's pain was 8/10 with medication. Examination revealed crepitus in the left lower extremity, tenderness to palpation of the left knee, diminished knee range of motion, crepitus in the left ankle with range of motion, tenderness to palpation of the right foot, lumbar spine tenderness, facet joint tenderness, decreased lumbar range of motion, sacroiliac joint tenderness, positive Patrick's testing, decreased range of motion of the left lower extremity. Medications included Norco 10/325 mg, OxyContin 40 mg, Viagra 100 mg, and Soma 350 mg. Diagnoses included lumbago, low back pain, sciatica, pain foot/leg/arm/finger, hip/pelvic pain, knee pain/joint pain leg, myofascial pain syndrome, fibromyalgia, ankle pain joint, and SI joint dysfunction. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety tablets of Soma 350 mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63 - 66, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested ninety tablets of Soma 350 mg with 2 refills is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was documentation on the injured worker using the VAS scale to measure functional improvement and it was noted his pain level was still increased after taking medications after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg is not medically necessary.

Two tablets of Viagra 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, US Department of Health and Human Services, National Institute of Health website www.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Sexual Dysfunction Page(s): 110-111.

Decision rationale: The request for request for 2 tablets of Viagra 100 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MUTUS Guidelines state that sexual dysfunction, current trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate nonsignificant and inconstant effect of testosterone on erectile dysfunction, large effect on libido, and no significant effect on overall sexual satisfaction. The 1 study (sponsored by the drug company) that evaluated with the use of testosterone replacement in patients with opiate-induced androgen deficiency, measured morning's serum-free testosterone levels and PSA prior to replacement. This study did not include patients taking antidepressants. Additionally, the injured worker does not maintain a diagnosis of erectile dysfunction. As such, the request for 2 tablets of Viagra 100 mg is not medically necessary.

270 tablets of Norco 10/325 mg with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 270 tablets of Norco 10/325 mg with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management and average pain, intensity of pain, or longevity of pain relief. Furthermore, the request does not include the frequency or duration of medication. In addition, there was no documented evidence of conservative care such as, home exercise regimen outcome measurements noted for the injured worker. Given the above, Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines' recommendations. As such, the request is not medically necessary.

Ninety tablets of Oxycontin 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 90 tablets of Oxy Contin 40 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management and average pain, intensity of pain, or longevity of pain relief. Furthermore, the request does not include the frequency or duration of medication. In addition, there was no documented evidence of conservative care such as, home exercise regimen outcome measurements noted for the injured worker. Given the above, Oxy Contin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines' recommendations. As such, the request is not medically necessary.