

Case Number:	CM14-0114932		
Date Assigned:	08/04/2014	Date of Injury:	09/22/2006
Decision Date:	06/11/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46 year old male, who sustained an industrial injury on 9/22/06. The diagnoses have included lumbar spine sprain with lower extremity radiculitis, disc protrusion, and disc bulges, internal derangement of the left knee, chondromalacia of the left knee and medial and lateral meniscus tear of the left knee. Treatment to date has included medications, activity modifications, diagnostics, transcutaneous electrical nerve stimulation (TENS), bracing/compression sleeve, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6/11/14, the injured worker complains of low back pain that radiates down both legs, pressure in the mid back and left knee pain with popping and the knee giving out at times. It was noted that he is not attending therapy but uses transcutaneous electrical nerve stimulation (TENS) as needed. He also uses a compression sleeve on the left knee as needed. The injured worker was working at the time of the exam. The pain was rated 8-9/10 on pain scale with taking the current medications. The objective findings revealed tenderness over the posterior iliac spine on the left side. The current medications were not noted. Work status was permanent and stationary. The physician requested treatments included Flurbiprofen/Ranitidine 100/100mg #90 with 3 refills, Lunesta 1 mg #90 x 3 refills and Viagra 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ranitidine 100/100mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 66-73. Decision based on Non-MTUS Citation drug information ranitidine: uptodate.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2006. The medical course has included numerous diagnostic and treatment modalities use of several medications including NSAIDS. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of Flurbiprofen is not substantiated in the records. Ranitidine is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. The clinical notes do not document a clinical indication or symptoms to justify use of this medication and therefore the medication is denied as not medically substantiated. Additionally, medications such as a proton pump inhibitor or H2 receptor antagonist which are used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Flurbiprofen/ranitidine.

Lunesta 1 mg #90 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - lunesta.

Decision rationale: Lunesta is used for the short-term treatment of insomnia. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Lunesta.

Viagra 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: Viagra is a phosphodiesterase Type 5 inhibitor and is a first line treatment for erectile dysfunction (ED). However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Viagra is medically indicated in erectile dysfunction, the risks and benefits and side effects of Viagara were not documented as discussed with the worker. The records do not support the medical necessity of Viagra.