

Case Number:	CM14-0187502		
Date Assigned:	11/17/2014	Date of Injury:	09/13/2007
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 and is licensed to practice in Maryland. 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 patient is a 53 year old male with a work injury dated 9/13/07. The diagnoses include status post lumbar fusion at L3-S1 with instrumentation with subsequent 1&D secondary to wound infection in 12/1/2009; status post hardware removal from L3 to S1 on 06/07/2012 and adjacent segment disease at L2-3 with facet arthrosis; organic impotence. Under consideration are requests for Zanaflex; Ultram; Norco; Ambien; Neurontin; Viagra. There is a 1/7/14 document stating that the patient was offered a therapeutic trial with Viagra but he refused because he had recently tried Viagra and it did not work. Per documentation a 9/25/14 progress note stated that the patient had severe low back pain that was radiating down the bilateral thighs. The patient had some previous physical therapy in the past with no help. The patient had not had any recent epidural steroid injections; however, he was not interested in epidural steroid injections. The patient was recommended and was considering surgery. The exam revealed diffuse tenderness to palpation. The patient had an antalgic gait. The patient ambulated with a cane. The bilateral lower extremity strength was 5/5 to the bilateral lower extremities. Sensation was intact to light touch but decreased globally. The treatment plan stated the patient had failed conservative management including narcotics and physical therapy in the past. The patient was interested in surgery. A 12/30/13 PR-2 report states that he complains of moderate to severe low back pain. He relates that the medications do improve his pain level and his activity level. He denies side effects. On exam the patient has difficulty walking. There is tenderness in the lumbar, paraspinous regions. The motion is restricted and does cause painful symptoms. There is guarding with motion. There is muscle spasm present. Gait is Antalgic. The treatment plan includes the medications under review. The patient remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 63, 66.

Decision rationale: Zanaflex is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has remained on Tizanidine long term dating back to 2011. There is no evidence of functional improvement on prior Tizanidine. The request does not indicate a dosage or quantity. The request for Zanaflex is not medically necessary.

Ultram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Ultram is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids (dating back to at least 2011) without significant functional improvement therefore the request for Ultram is not medically necessary. Additionally, the request does not indicate a dosage or quantity. The request for Ultram is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids (dating back to at least 2011) without significant functional improvement therefore the request for Norco is not medically necessary. Additionally, the request does not indicate a dosage or quantity. The request for Norco is not medically necessary.

Ambien: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Zolpidem (Ambien®)

Decision rationale: Ambien is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates that the patient has been on Ambien much longer than the two to 6 week recommended period (dating back to at least 2012). The ODG does not recommend this medication long term. Furthermore, the request does not indicate a dose or quantity. The request for Ambien is not medically necessary.

Neurontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Neurontin is not medically necessary. The MTUS states that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been using Neurontin dating back to 2011. The documentation does not indicate significant functional improvement on the Neurontin.

Additionally, the request does not indicate a dosage or quantity. The request for Neurontin is not medically necessary.

Viagra: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.Rxlist.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www1.pfizerpro.com/hcp/viagra/diagnosing-ed> and <http://www.guideline.gov/content.aspx?id=10018&search=viagra>

Decision rationale: Viagra is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address Viagra. A review online of Viagra (including the pharmaceutical manufacturer website as well as the National Guideline Clearinghouse) indicates that Viagra is indicated for the treatment of erectile dysfunction (ED). The documentation indicates that the patient has tried Viagra in the past without success. Additionally, the request for Viagra does not indicate a dosage or quantity. The request for Viagra is not medically necessary.