

Case Number:	CM15-0013616		
Date Assigned:	02/02/2015	Date of Injury:	06/12/2011
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 06/12/2011. The mechanism of injury involved a crush injury. The injured worker was working as a carpenter when a several 100 pound menu board fell on top of his right hand. The current diagnoses include RSD of the right upper extremity, amputation of the tips of the finger, degenerative changes of the right shoulder, dysfunction, depression, anxiety, and PTSD. The injured worker presented on 12/11/2014 with complaints of 9/10 pain. Previous conservative treatment includes medication management, bracing, chiropractic therapy, and electrical stimulation. The injured worker was utilizing Nucynta ER 150 mg, Nucynta 75 mg, Lyrica 75 mg, Pepcid 20 mg, prazosin 2 mg, Seroquel XR 300 mg, Cymbalta 30 mg, Viagra 100 mg, Relafen 500 mg, Zofran 4 mg, and Abilify. Upon examination there was guarding of the right upper extremity, minor vasomotor changes, and an inability to assess sensation and deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form 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:

Viagra 100mg #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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Last updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Sildenafil. Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called pho

Decision rationale: According to the US National Library of Medicine, Viagra is used to treat erectile dysfunction (impotence) in men. According to the documentation provided, the injured worker has continuously utilized the above medication. However, the injured worker does not maintain a diagnosis of erectile dysfunction. The medical necessity has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Nucynta 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta?).

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker has continuously utilized Nucynta since at least 06/2014. There is no documentation of intolerable effects with first line opioids. There is also no evidence of objective functional improvement. The request as submitted failed to provide a frequency. Given the above, the request is not medically appropriate.

Nucynta 75mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta?)

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker has continuously utilized Nucynta since at least 06/2014. There is no documentation of intolerable effects with first line opioids. There is also no evidence of objective functional improvement. The request as submitted failed to provide a frequency. Given the above, the request is not medically appropriate.

Lyrica 75mg #45: Upheld

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

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

Decision rationale: California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Antiepilepsy drugs are recommended for neuropathic pain. The injured worker has continuously utilized Lyrica 75 mg since at least 06/2014 without any evidence of objective functional improvement. The injured worker continues to present with high levels of pain. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines states Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, fibromyalgia, neuropathic pain, and radiculopathy. The injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.