

Case Number:	CM15-0018690		
Date Assigned:	02/06/2015	Date of Injury:	09/26/2006
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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 54-year-old male who reported an injury on 09/26/2006. The mechanism of injury was noted to be the injured worker was unloading totes off of a truck. The diagnoses included chronic pain syndrome, other testicular hypofunction, depressive disorder not elsewhere classified, other specified disorder of sweat glands, dysphagia pharyngeal esophageal phase, persistent disorder of initiating or maintaining sleep, impotence of organic origin, and neck sprain. Surgical history included a cervical spine posterior fusion on 08/06/2009 and an anterior cervical discectomy and decompression on 03/17/2008. Other therapies included medications. In the documentation of 10/23/2014, the injured worker's pain with medications was 7/10, and without was 9/10. Injured worker could perform housework, help with meals and stand comfortably for the same duration of time with or without medication. The documentation indicated the injured worker was utilizing over the counter medications for sleep without any relief. Medications were noted to include gabapentin 300 mg 2 in the morning, 2 at lunch, and 2 at night; Viagra 100 mg oral tablets. The physical examination revealed the injured worker had positive bilateral muscle tenderness to palpation with spasms on the right. The injured worker had positive bilaterally trapezius tenderness to palpation just lateral to the incision point on the cervical spine. The injured worker was noted to wince and pull away to light touch of the cervical spine. The injured worker had severe bilateral occiput tenderness to palpation and moderate C2-6 process tenderness. The injured worker's gait was steady without assistance. Deep tendon reflexes were 1+ in the biceps, triceps, and in the brachioradialis they were 2+, and

the patella on the right was 1+, and on the left 2+. The treatment plan included Viagra 100 mg tablets and gabapentin 300 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective decrease in pain. However, there was a lack of documentation of objective functional improvement, as it was indicated the injured worker could perform the same tasks for the same duration of time with or without the medications. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300mg #180 is not medically necessary.

Viagra 100mg #10: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend testosterone in limited circumstances for injured workers taking high dose long term opioids with documented low testosterone levels. The clinical documentation submitted for review failed to indicate the injured worker had a documented low testosterone level. There was a lack of documented efficacy, as this was noted to be a current medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Viagra 100mg #10 is not medically necessary.