

Case Number:	CM15-0111308		
Date Assigned:	06/17/2015	Date of Injury:	01/13/2012
Decision Date:	08/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 39 year old male who sustained an industrial injury on 01/13/2012. Diagnoses include long term use of medications, shoulder joint pain, neck sprain, and lumbar disc displacement without myelopathy and sprain of the thoracic region. Treatment to date has included diagnostic studies, left shoulder surgery, medications, physical therapy, home exercise program, and epidural steroid injections. Unofficial documentation of a Magnetic Resonance Imaging of the cervical spine done on 01/29/2014 showed minimal disc changes and this is no change from previous. There is curvature reversal suggesting an element of cervical strain. A thoracic Magnetic Resonance Imaging done on 01/29/2014 revealed a mild central to right disc protrusion at the T8-9 level, not other pathology evident. A Magnetic Resonance Imaging of the left shoulder done on 03/13/2013 revealed moderate strain or tendinitis of the distal supraspinatus tendon with undersurface fraying and possible lower grade undersurface partial tearing. His medications include Flexeril, Relafen, Gabapentin, Viagra, Hydrocodone BIT/APAP, and a multivitamin. A physician progress note dated 05/13/2015 documents the injured worker complains of chronic low back, left shoulder and left hip pain. The injured worker states his present medications helps to reduce his pain and allow for better function. He complains of anxiety, but no depression. He ambulates with an antalgic gait. The treatment plan includes refilling of Gabapentin. According to the injured worker, physical therapy on his hip was stopped by physical therapy as it appears that he may have a torn labrum. He will be seeing another physician in a few weeks and it appears that a Magnetic Resonance Imaging will be recommended. He will see an urologist, and a request for a sleep study will be made. Treatment

requested is for Flexeril 10mg #90 with 3 refills, Hydrocodone BIT/APAP 10/325mg #90, Pantoprazole- Protonix 20mg #60, and Viagra 25mg #10 with 1 refill

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole- protonix 20mg #60: 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 Official Disability Guidelines (ODG) Proton Pump Inhibitor.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker which would have a safer side effect profile. The request for pantoprazole 20 mg #60 is not medically appropriate and necessary.

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Flexeril 10 mg #90 with 3 refills is not medically appropriate and necessary.

Viagra 25mg #10 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.viagra.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pfizer manufacturer website on viagra.

Decision rationale: Guidelines do not address Viagra. Other pharmaceutical websites indicate that Viagra is indicated for treatment of erectile dysfunction. In this case, the patient has tried

Viagra past without success. The request for Viagra 25 mg #10 is not medically necessary and appropriate.

Hydrocodone bit/apap 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, there is insufficient documentation of quantified and functional benefit. The request for Hydrocodone 10/325mg #90 is not medically appropriate and necessary.