

Case Number:	CM15-0112425		
Date Assigned:	06/18/2015	Date of Injury:	09/20/2005
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/10/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 9/20/2005. He reported low back pain. Diagnoses have included lumbar degenerative disc disease, status post laminectomy times two. Other diagnoses included erectile dysfunction, low libido, urinary frequency, urgency and post-void dribble, obesity, previous myocardial infarction and previous cerebrovascular accident (CVA). Treatment to date has included lumbar surgery, spinal cord stimulator, lumbar epidural steroid injection and medication. Per the progress report dated 4/20/2015, the injured worker complained of low back pain extending across the lower, lumbar spine and radiating down the posterior and lateral aspect of both lower extremities to each knee with the right side being worse than the left. He reported that his pain was somewhat relieved with medication. Gait was antalgic. There was tenderness to palpation to midline of the lower, lumbar spine. Straight leg raise test was positive bilaterally. According to the Qualified Medical Examination (Urology) Permanent and Stationary report dated 4/28/2015, the injured worker complained of low libido and urinary frequency with nocturia. It was noted that Testosterone levels were obtained; however, the sample was not sufficient for analysis. The injured worker did not bring his voiding diary for analysis, but reported voiding 20 times throughout the day. These values were thought to be from a large fluid intake. It was noted that chronic pain medication use and depression can cause sexual dysfunction. Future medical care included evaluations by a urologist and medication. Authorization was requested for Requip, Percocet and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requip 0.25mg, #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 <http://www.drugs.com/requip.html>.

Decision rationale: MTUS and ODG Guidelines do not address this medication. Requip is recommended for the treatment of Parkinson's syndrome and restless leg syndrome. In the records sent for review there is no documentation of either medical problem. There is also no documentation of a condition that might qualify for reasonable off label use. Under these circumstances, the Requip 0.25mg #30 is not medically necessary.

Viagra 100mg, #6: Overturned

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 <https://www.viagra.com/>.

Decision rationale: MTUS Guidelines do not address this issue. This individual has had comprehensive med-legal urological evaluations and has been diagnosed with erectile dysfunction industrially related. The use of medications for ED was opined to be appropriate and medically necessary. There are not medical records or Guidelines that would contradict this conclusion. Under these circumstances, the Viagra 100mg #6 is medically necessary and appropriate.

Percocet 10/325mg, #60: 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 Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Suboxone.

Decision rationale: MTUS Guidelines recommend the very careful use of opioids when an individual is at risk for misuse. This individual has a history of poly drug and alcohol misuse and has been treated with Suboxone on a long-term basis to minimize the risk of misuse. The medical records sent for review do not include any medical rationale to now introduce Percocet as an additional opioid medication. Without additional justification, the Percocet 10/325 #60 is not supported by Guidelines and is not medically necessary.