

Case Number:	CM15-0116333		
Date Assigned:	06/30/2015	Date of Injury:	05/02/2003
Decision Date:	09/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

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 37 year old male, who sustained an industrial injury on May 2, 02003. He reported neck and low back injuries. The injured worker was diagnosed as having chronic low back pain and chronic neck pain. Diagnostic studies to date have included: On October 31, 2007, a nocturnal penile tumescence monitoring study was performed, which revealed findings consistent with mild erectile dysfunction secondary to organic impotence. On October 3, 2008, electromyography/nerve conduction studies of the bilateral upper extremities revealed bilateral carpal tunnel syndrome, much worse on the right than the left. The electromyography/nerve conduction studies of the bilateral lower extremities were normal. On November 17, 2010, urinary studies revealed findings consistent with neurogenic bladder with detrusor sphincter dysnergia and uninhibited bladder contractions. On September 19, 2011, an MRI of the cervical spine revealed multilevel degenerative disc and facet disease with multilevel spinal canal stenosis. No neural foraminal stenosis. There was mild to moderate spinal canal stenosis at cervical 3-4 and mild spinal canal stenosis at cervical 4-7. On October 4, 2011, an MRI of the lumbar spine showed minimal disc degeneration lumbar 5-sacral 1 and mild to moderate facet joint arthropathy in the lower spine causing mild to moderate bilateral neural foraminal narrowing at lumbar 5-sacral 1 and mild bilateral neural foraminal narrowing at lumbar 3-4 and lumbar 4-5. There was right lateral disc/osteophyte complex at lumbar 5-sacral causing contact of the exiting right lumbar 5-nerve root far laterally. There was congenital spinal canal narrowing causing mild central canal narrowing, but no additional central canal narrowing caused by disc pathology at any level. There were multilevel Schmorl's nodules. In 2006, he

underwent a gastric bypass. In 2013, he underwent a bilateral brachioplasty with lower body lift. On January 29, 2014, he underwent bilateral anterior thoracoplasty and extensive revision of lower abdominal wound dehiscence site. On June 4, 2014, he underwent the removal of redundant skin from chest area and abdomen. On September 9, 2014 and on December 2014, urine drug screens were positive for Oxycodone, noroxycodone, oxymorphone and acetaminophen. This was consistent with the prescribed medications. There were no illegal drugs detected. Treatment to date has included a cane for ambulation, a back brace, physical therapy, and medications including short-acting and long-acting opioid analgesic, sleep, erectile dysfunction, and muscarinic antagonist. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of morbid obesity and sleep apnea. He has not worked since the date of injury. On January 9, 2015, he was deemed permanent and stationary. On January 9, 2015, the injured worker complains of continued back pain. His pain is rated: 10/10 without medications and 7/10 with medications. He reports that with his pain medication he is able to increase his activity and that his current medication manages his pain well. He reports increased sexual activity and needs more Viagra. The treating physician notes baseline functioning and no aberrant drug-taking behaviors. The physical exam revealed tenderness to palpation of the cervical spine and facets, decreased cervical range of motion with pain, tenderness of the thoracic paraspinal muscles and facet joint line, and restricted thoracic flexion and extension. There was pain on palpation of the lumbar facet at lumbar 3-sacral 1 bilaterally and over the lumbar intervertebral disc spaces. There was decreased strength in the bilateral upper extremities, decreased sensation in the bilateral ankles, mild weakness in both legs, and decreased sensation to pinprick of both hands at the right lumbar 4, left lumbar 5, and bilateral sacral 1 dermatomes. The reflexes were symmetrically diminished. There was large, redundant skin noted along the lower abdomen/pelvic area, bilateral thighs, and bilateral gluteal areas. The treating physician noted that a random urine drug screen was done, with a preliminary report of consistent with medications. Requested treatments include: bilateral brachioplasty with lower body lift, bilateral anterior thoracoplasty with bilateral medical thigh lift, Percocet 10/325mg #120, rhytidectomy with scar revisions, gym membership, consultation with urologist, psychologist referral, retrospective Urine drug screen (performed on 1/9/2015), and Viagra 100mg #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral brachioplasty with lower body lift: 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 [REDACTED], Plastic Surgery Procedures, Brachioplasty.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Bilateral Brachioplasty with lower body lift for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the

topic of Bilateral Brachioplasty with lower body lift. A review of outside sources, including [REDACTED] and the [REDACTED] failed to reveal any clinical indications, scientific evidence or guidelines which support the use of a Bilateral Brachioplasty with lower body lift for chronic pain. It is also not indicated as a treatment for chronic back or neck pain. The procedure is classified as cosmetic in nature by the [REDACTED]. Therefore, based on the submitted medical documentation, the request for Bilateral Brachioplasty with lower body lift is not-medically necessary.

Bilateral anterior thoracoplasty with bilateral medial thigh lift: 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 [REDACTED], Plastic Surgery Procedures, anterior thoracoplasty & medial thigh lift.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Bilateral anterior thoracoplasty with bilateral medial thigh lift for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of a Bilateral anterior thoracoplasty with bilateral medial thigh lift. A review of outside sources, including [REDACTED] and the [REDACTED] failed to reveal any clinical indications, scientific evidence or guidelines which support the use of a Bilateral anterior thoracoplasty with bilateral medial thigh lift for chronic pain. It is also not indicated as a treatment for chronic back or neck pain. The [REDACTED] classifies the procedure as cosmetic in nature. Therefore, based on the submitted medical documentation, the request for Bilateral anterior thoracoplasty with bilateral medial thigh lift is not-medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 77-78.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Percocet 10/325mg, #120 for this patient. The clinical records submitted do not support the fact that this patient has a dose which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral

morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Percocet 10/325mg, #120 is not-medically necessary.

Rhytidectomy with scar revisions: 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 American Society of Plastic Surgeons, Plastic Surgery Procedures, Rhytidectomy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Rhytidectomy with scar revisions for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of a Rhytidectomy with scar revisions. A review of outside sources, including [REDACTED] and the [REDACTED] failed to reveal any clinical indications, scientific evidence or guidelines which support the use of a Rhytidectomy with scar revisions for chronic pain. It is also not indicated as a treatment for chronic back or neck pain. The [REDACTED] classifies a facelift as a cosmetic procedure. Therefore, based on the submitted medical documentation, the request for Rhytidectomy with scar revisions is not- medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a gym membership for this patient. The clinical records submitted do not support the fact that this patient has participated and failed a home exercise program. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of gym memberships. Per the Official Disability Guidelines (ODG), gym memberships are: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Plus, treatment needs to be monitored and administered by medical professionals. This patient has not been documented to have participated in a home exercise program. He has also not had documentation of exercise therapy, which has been monitored and administered by medical professionals. Therefore, based on the submitted medical documentation, the request for gym membership is not-medically necessary.

Consultation with urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a urology consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent urological disease requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has not been documented to have any recent evidence of urologic dysfunction, including tissue insult or nerve impairment. In fact, based on the patient's records, his urologic health has actually improved with an increase in recent sexual activity. Therefore, based on the submitted medical documentation, the request for Urology consultation is not-medically necessary.

Psychologist referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 338.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a psychologist referral for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent depression or work stress-requiring consultation. The California MTUS guidelines address the issue of a psychology referral by stating: "It is recommended that common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional." Although this patient has had a history of prior psychological treatment, he is currently maintained on medication that is reported as helping treat his symptoms. The patient's clinical documentation does not support that the patient has had recent episodes of work stress or psychiatric symptoms. In fact, his most recent documentation states that his psychological symptoms are under control with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for psychological consultation is not-medically necessary.

Retrospective Urine drug screen (performed on 1/9/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a retrospective urine drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have had a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. His pain is documented as well controlled and past drug screens are consistent with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for retrospective drug screening is not-medically necessary.

Viagra 100mg #8: 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 FDA Prescribing Guidelines, Viagra.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Viagra for this patient. The clinical records submitted do not support the fact that this patient has a current indication for this medication. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of Viagra. Per the FDA guidelines for use, Viagra is indicated for treatment of premature ejaculation and erectile dysfunction (ED). This patient has been demonstrated to have ED remotely but his most recent medical records do not indicate that the patient continues to suffer from sexual dysfunction. In fact, the records indicate that the patient has recently become more sexually active. Therefore, based on the submitted medical documentation, the request for Viagra 100mg is not-medically necessary.