

Case Number:	CM15-0119072		
Date Assigned:	06/29/2015	Date of Injury:	02/08/1995
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 55-year-old male who sustained an industrial injury on 02/08/1995. Diagnoses include status post anterior lumbar fusion at L5-S1 and multiple laminectomies and discectomies; right hand carpal tunnel syndrome and cervical-brachial syndrome. Treatment to date has included medications and physical therapy. According to the progress notes dated 5/15/15, the IW reported significant low back pain with radiation to the lower extremities. He also reported right shoulder pain, right hand pain and feet pain rated 2/10 and headaches, rated 1/10. On examination, there was tenderness over the mid to lower spine and the buttocks. Lumbar range of motion was decreased. Sensation, motor strength and reflexes of the lower extremities were without deficit. A request was made for Flurbiprofen 25%, Lidocaine 5% cream in Lidoderm base, 120 grams, for locally painful areas, and Viagra 100mg, #10 for erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container of flurbiprofen 25%, Lidocaine 5% cream in Lidoderm base 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Container of flurbiprofen 25%, Lidocaine 5% cream in Lidoderm base 120g 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 www.drugs.com/pro/viagra.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates, <https://online.epocrates.com>, Viagra.

Decision rationale: According to epocrates, Viagra is utilized for the treatment of erectile dysfunction. The medical documentation provided does not indicate this patient has been diagnosed with erectile dysfunction. The treating physician has not provided documentation of subjective complaints of erectile dysfunction or of efficacy of this medication. As such the request for Viagra 100mg #10 is not medically necessary.