

Case Number:	CM15-0129404		
Date Assigned:	07/16/2015	Date of Injury:	11/30/2000
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 11/30/2000. He has reported injury to the low back. The diagnoses have included low back pain; unspecified neuralgia, neuritis, and radiculitis; lumbar/lumbosacral disc degeneration; lumbar spinal stenosis of L3-4, L4-5; and postlaminectomy syndrome, lumbar. Treatment to date has included medications, diagnostics, epidural steroid injections, intradiscal electrothermal therapy (IDET) in 2002, and home exercise program. Medications have included Hydrocodone-Acetaminophen, Ibuprofen, Flexeril, Methocarbamol, Lunesta, and Tramadol. A progress note from the treating physician, dated 05/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back and right lower extremity pain; the pain is rated at 1/10 on the pain scale with medications in dealing with family/home responsibilities; and the pain is rated at 8/10 on the pain scale without medications in dealing with family/home responsibilities. Objective findings included slightly antalgic gait; slight difficulty with transfers from sitting to standing; allodynia and numbness in the right anterolateral thigh to the knee; decreased lumbar range of motion for flexion and extension; positive straight leg level on the right for neural tension signs; the MRI from July 2013 revealed a posterior disc bulge at L2-3 and L3-4, and there is moderate spinal stenosis and foraminal narrowing at L3-4, which may account for his current symptomatology if there has been a progression of disease; and he does not meet the typical body habitus or profile of somebody typically prone to meralgia paresthetica, as he is very active, not overweight, and he exercises regularly. The treatment plan has included the request for Hydrocodone-Acetaminophen 10/325mg (1 every 4-6 hours), #180; and Viagra 100mg (1 as needed), #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg (1 every 4-6 hours), #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documentation of these criteria being met and the request is medically necessary.

Viagra 100mg (1 as needed), #30 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction. The patient does not have documented erectile dysfunction secondary to industrial incident. Therefore the request is not medically necessary.