MAXIMUS Federal Services

Case Number:	CM15-0129887		
Date Assigned:	07/16/2015	Date of Injury:	01/04/2011
Decision Date:	09/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan
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 65 year old male, who sustained an industrial injury on 1/4/2011. The current diagnoses are neck sprain/strain, shoulder/arm sprain/strain, chronic pain syndrome, seizure disorder, left temporomandibular joint syndrome, and erectile dysfunction. According to the progress report dated 5/14/2015, the injured worker complains of neck, jaw, and right shoulder pain. His neck, bilateral shoulders, and finger pain is described as aching, shooting, throbbing, tingling, radiating, numbing, cramping, deep, and constant. The pain is rated 4-8/10 on a subjective pain scale. The physical examination reveals tenderness over the cervical paraspinals and left TMJ. The current medications are Mobic, Lidoderm patches, and Viagra. There is documentation of ongoing treatment with Mobic and Lidoderm patch since at least 3/6/2015. Treatment to date has included medication management, physical therapy, MRI studies, acupuncture, psychotherapy, and cognitive behavior therapy. Work status was described as totally temporarily disabled. A request for Mobic, Lidoderm patches, and Viagra has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 61, 67-68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of ongoing treatment with Mobic since at least 3/6/2015. The guidelines recommend NSAIDs for short-term symptomatic relief, and continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding a diagnosis of osteoarthritis that would support the use of Mobic. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result Therefore, based on CA MTUS guidelines and submitted medical records, the request for Mobic is not medically necessary.

Lidoderm patches 5% #60 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is a topical analgesic recommended for localized peripheral pain. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. In this case, Lidoderm is recommended for localized peripheral neuropathic pain after trials of tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica. The submitted medical records failed to provide documentation of a trial of first-line therapy. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Lidocaine is not medically necessary.

Viagra 50mg #30 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/ pubmed/12414331.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference/Viagra (Sildenafil).

Decision rationale: The CA MTUS, ACOEM, and Official Disability Guidelines are silent regarding the use of Viagra. Therefore other guidelines were consulted. Per the PDR Viagra (sildenafil citrate) is a Phosphodiesterase 5 (PDE5) inhibitor used in the treatment of erectile dysfunction (ED). A review of the injured workers medical records did not reveal documentation of functional improvement with the use of this medication and without this information it is not possible to determine medical necessity for continued use, therefore the request for Viagra is not medically necessary.