

Case Number:	CM15-0142969		
Date Assigned:	08/03/2015	Date of Injury:	01/06/1996
Decision Date:	10/05/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male patient who sustained an industrial injury on January 06, 1996. A recent primary treating office visit dated June 30, 2015 reported subjective complaint of right knee giving way, swelling, increased pain, weakness, and instability. The objective assessment found the right knee with atrophy, loss of strength, loss of range of motion, positive McMurray's. The following diagnoses were applied: severe degenerative disc disease bilateral hips; complex region pain syndrome, and right lateral meniscus and partial acromioclavicular tear with chondromalacia. The patient is noted being retired. The plan of care involved recommendation to participate in a course of physical therapy and undergo a magnetic resonance imaging study of the right knee. Back at a follow up on September 07, 2014 the treating diagnoses were: severe degenerative arthritis of hips, left side worse; complex regional pain syndrome; loss of teeth and osteomyelitis of the maxilla and mandible; poor occlusion of bite, and temporomandibular joint dysfunction. Medication regimen consisted of: Morphine Sulfate 300mg daily, OxyContin 300 mg daily with note of the patient self-initiating weaning from these doses to only requiring 30 mg of Morphine and 180mg of OxyContin daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Regarding the request for right knee injection, CA MTUS and ACOEM cite that invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Within the documentation available for review, there is no clear rationale for the use of a right knee injection despite the recommendations of the CA MTUS and ACOEM. In light of the above issues, the currently requested right knee injection is not medically necessary.

AndroGel 1.62 pump #1 with refills: 4: 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 Official Disability Guidelines (ODG) Pain Chapter, Testosterone.

Decision rationale: Regarding the request for AndroGel, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is no current documentation of a low testosterone level for which replacement would be indicated. In the absence of such documentation, the currently requested AndroGel is not medically necessary.

Viagra 100mg (daily) #15 with refills: 4: 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 Page 110-111 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Regarding the request for Viagra, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The National Library of Medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there is no recent documentation indicating how the patient has responded to treatment with Viagra and no indication that an

adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the currently requested Viagra is not medically necessary.

Prednisone 5mg #30 with refills: 3: 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 Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids.

Decision rationale: Regarding the request for prednisone, CA MTUS and ACOEM do not address oral corticosteroids for knee pain or chronic pain. ODG cites that oral corticosteroids are not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Within the documentation available for review, there is no clear rationale for the long-term use of a corticosteroid against the recommendations of the guidelines. In light of the above issues, the currently requested prednisone is not medically necessary.