

Case Number:	CM15-0038308		
Date Assigned:	03/09/2015	Date of Injury:	11/02/2007
Decision Date:	06/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 53-year-old male who reported an injury on 11/02/2007. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain, lumbar facet arthropathy, lumbar radiculopathy, status post lumbar fusion, erectile dysfunction, chronic nausea/vomiting, rule out abscess, and apparent severe food allergy. The injured worker presented on 01/28/2015 for a follow-up evaluation with complaints of constant low back pain with numbness in the bilateral lower extremities. The injured worker also reported insomnia associated with ongoing pain and continued popping/cracking sensation in the low back associated with severe pain. Pain was rated 3/10 with medication and 10/10 without medication. Upon examination, the injured worker appeared to be in moderate distress with a slow and antalgic gait. The injured worker utilized a cane for ambulation assistance. Examination of the lumbar spine revealed palpable muscle spasm, tenderness over the L4-S1 levels, moderately limited range of motion secondary to pain, significantly increased pain with flexion and extension, decreased strength along the extensor muscles along the L4-S1 dermatome bilaterally, and positive straight leg raise in the seated position at 50 degrees bilaterally. There was also tenderness noted upon palpation of the bilateral anterior shoulders and decreased shoulder range of motion. There was palpable tenderness over the buttock region with a palpable nodule. Treatment recommendations at that time included trigger point injections and continuation of the current medication regimen. The injured worker was also awaiting authorization for a psychiatrist referral. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 MG #10: 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 Other Medical Treatment Guideline or Medical Evidence: Updated: 19 May 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Sildenafil. Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily.

Decision rationale: According to the US National Library of Medicine, Viagra is used to treat erectile dysfunction. In this case, the injured worker does maintain a diagnosis of erectile dysfunction. However, there were no documented complaints of difficulty, nor mention of an improvement in symptoms with the ongoing use of this medication. There is a lack of current clinical information presented, demonstrating the need or efficacy of the prescribed medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Orphenadrine extended release #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker had continuously utilized the above medication since at least 07/2014. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm upon examination. Guidelines do not recommend long-term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Fentanyl 75 mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: California MTUS Guidelines do not recommend fentanyl transdermal system as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the injured worker has continuously utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. There is also no evidence of a failure of first line opioids. Given the above, the request is not medically necessary.

Hydrocodone 1mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized hydrocodone since at least 07/2014. There is no evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Ondansetron 4 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Ondansetron, Antiemetic.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. It has been FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and is also approved for acute gastroenteritis. The injured worker does not meet the above-mentioned criteria for the use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Pantoprazole 20 mg #30: 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(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Zolpidem 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on the etiology. Ambien is indicated for the short treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the injured worker had continuously utilized the above medication since at least 07/2014. There is no mention of functional improvement despite the ongoing use of this medication. The injured worker continues to report symptoms of insomnia. Guidelines do not recommend the long-term use of hypnotics. There is also no frequency listed in the request. Given the above, the request is not medically necessary.