

Case Number:	CM15-0064224		
Date Assigned:	04/10/2015	Date of Injury:	07/11/2011
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/04/2015

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 43 year old male, who sustained an industrial injury on 7/11/2011. He reported having been hit by a truck subsequently sustaining a back injury. He underwent spinal surgery on 6/9/2012 and underwent fusion on 10/25/12. Diagnoses include failed back surgery. Treatments to date include medication therapy, a low back brace, physical therapy and epidural steroid injections. Currently, he complained of low back pain and difficulty with erection. On 3/11/15, the physical examination documented decreased sensation to right lower extremity. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mybretriq 50mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The ACOEM California MTUS and ODG do not specifically address the requested medication. Per the physician desk reference, the medication is indicated in the use of overactive bladder. Per the physician progress notes, the patient has this diagnosis secondary to lumbar nerve root injury. Therefore the medication is medically necessary, indicated and approved.

Edex 20mcg cartridge kit, #6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The ACOEM California MTUS and ODG do not specifically address the requested medication. Per the physician desk reference, the medication is indicated in the use of erectile dysfunction. Per the physician progress notes, the patient has this diagnosis secondary to lumbar nerve root injury. Therefore, the medication is medically necessary, indicated and approved.