

Case Number:	CM15-0068184		
Date Assigned:	04/15/2015	Date of Injury:	08/26/2008
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old male, who sustained an industrial injury on 8/26/2008. He reported injury with a forklift accident. The injured worker was diagnosed as having multi-level disc bulging, foraminal stenosis, right sided sciatica, gait derangement and erectile dysfunction. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises and medication management. In a progress note dated 3/17/2015, the injured worker complains of mild intermittent low back pain. The treating physician is requesting Soma, Norco and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2008. The medical course has included numerous diagnostic and treatment modalities use of several medications including narcotics and muscle relaxants. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to soma to justify long-term use. The records do not support medical necessity for soma.

Norco 10/325mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2008. The medical course has included numerous treatment modalities including use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

Viagra 25mg, #20: 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 American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: This injured worker has a diagnosis of erectile dysfunction (ED). Viagra is a phosphodiesterase Type 5 inhibitor and is a first line treatment for ED. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though viagra is medically indicated in erectile dysfunction, the risks and benefits and side effects of viagra were not documented as discussed with the worker. The records do not support the medical necessity of viagra.