

Case Number:	CM15-0095238		
Date Assigned:	05/21/2015	Date of Injury:	06/17/2008
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 54 year old male, who sustained an industrial injury on 6/17/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having left carpal tunnel release, hip surgery, lumbar disc displacement, post laminectomy syndrome, lumbosacral disc degeneration and pelvic joint pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, home exercises and medication management. In a progress note dated 5/4/2015, the injured worker complains of bilateral hip pain and low back pain and sciatica with neuropathic pain symptoms. Physical examination showed no neurological deficiencies and baseline gait. The treating physician is requesting Lyrica 75 mg #120 and Viagra 100 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 75mg #120 is determined to not be medically necessary.

Viagra 100mg #30: 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 www.drugs.com/viagra.html.

Decision rationale: MTUS Guidelines do not address the use of Viagra, therefore, alternative guidelines were consulted. Per manufacturers information, Viagra (sildenafil) relaxes muscles and increases blood flow to particular areas of the body. Viagra is used to treat erectile dysfunction (impotence) in men. Another brand of sildenafil is Revatio, which is used to treat pulmonary arterial hypertension and improve exercise capacity in men and women. The medical reports do not provide a rationale to establish medical necessity for the use of Viagra with this injured worker. The request for Viagra 100mg #30 is determined to not be medically necessary.