

Case Number:	CM14-0148652		
Date Assigned:	09/18/2014	Date of Injury:	04/18/1994
Decision Date:	10/23/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old male who reported an injury on 04/18/1994. The mechanism of injury was noted to be due to a slip and fall. His diagnoses were noted to include failed back surgery with radiculopathy, lumbago, muscle spasm, neuralgia, and impotence/erectile dysfunction related to his back injury. His previous treatments were noted to include physical therapy, epidural steroid injections, medication, surgery and knee injections. The progress note dated 05/14/2014 revealed complaints of low back and left lower extremity pain. The injured worker reported he had still been getting a benefit from the epidural injection from 2 months earlier. The injured worker indicated most of the time his leg pain was at least 70% better although he still had some days that it hurt him as if he overdid it. The physical examination revealed left lower extremity positive straight leg raise, decreased sensation to the S1 distribution and an antalgic gait. The progress note dated 08/26/2014 revealed complaints of the return of left lower extremity pain. The injured worker reported he had greater than 50% benefit from the previous epidural injection for about 4 and a half months, but was starting to have more frequent episodes of shooting nerve pain to the left lower extremity in the L5 distribution. The physical examination revealed a positive straight leg raise left lower extremity and decreased sensation in the S1 distribution. His medication regimen was noted to include Viagra 100mg tablet as needed, Naproxen 550 mg tablets as needed daily, remodel ER 200 mg 1 twice a day, Ambien 12.5 mg 1 tablet at bedtime as needed, Flexeril 10 mg 1 three times a day and Lyrica 75 mg one 4 times a day. The Request for Authorization form dated 09/15/2014 was for Tramadol 200 mg #60 with 5 refills, Flexeril 10 mg #90 with 5 refills, Ambien 12.5 mg #30 with 5 refills, Lyrica 75 mg #120 with 5 refills, Viagra 100 mg tablet as needed, Naproxen 550 mg 1 as needed; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil: MedlinePlus Drug Information

Decision rationale: The request for Viagra 100mg is not medically necessary. The injured worker has been utilizing this medication since at least 10/2008. "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." The request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flexeril 10mg: Upheld

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

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

Decision rationale: The request for Flexeril 10mg is not medically necessary. The injured worker has been utilizing this medication since at least since 05/2014. The California Chronic Pain Medical Treatment Guidelines recommended muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation regarding objective improvement and efficacy of this medication. There is a lack of documentation regarding clinical findings of muscle spasms to warrant a muscle relaxant. Therefore, the continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ambien 12.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The request for Ambien 12.5mg is not medically necessary. The injured worker has been utilizing this medication since at least 10/2008. The Official Disability Guidelines state zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 week's) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Most sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain. Pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker has been utilizing this medication since at least 2008 and the guidelines recommended short term treatment from 2 to 6 weeks. The documentation provided indicated the injured worker has been utilizing this medication for several years, and the guidelines recommend short term utilization. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Tramadol 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol 200mg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation with improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency of which this medication is to be utilized. Therefore, the request is not medically necessary.

Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Naproxen 500mg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term medical relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs in the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. There is a lack of documentation regarding the efficacy and improved functional status with utilization of this medication. Additionally, the request failed to provide the frequency of which this medication is to be utilized. Therefore, the request is not medically necessary.

Lyrica capsule 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16,17.

Decision rationale: The request for Lyrica capsule 75mg is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy medication as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. There is a lack of documentation regarding the efficacy and objective functional improvement of the utilization of this medication. Additionally, the request failed to provide the frequency of which this medication is to be utilized. Therefore, the request is not medically necessary.