

Case Number:	CM13-0020055		
Date Assigned:	03/14/2014	Date of Injury:	02/09/2005
Decision Date:	06/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation 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:

This 41 year-old patient sustained an injury on 2/9/05 while employed by [REDACTED]. Request(s) under consideration include Prilosec 20MG#60 and Cialis 20MG#20. AME supplemental report of 5/21/08 noted patient with shoulder/scapula and mid/lower back radiating to legs. Future medical treatment included oral analgesics, short courses of physical therapy for acute exacerbation without any prospect for further surgery unless condition deteriorates limited to hardware removal. Report of 7/16/13 from the provider noted patient on Nucynta, Prilosec, and Cialis all beneficial. Spinal cord stimulator remains effective; he continues with chronic pain in low back. Exam noted slow ambulation; pain on palpation of lumbar region; decreased range secondary to pain; IPG (Implantable Pulse Generator) sit clean and well-healed incision sites. The patient remained P&S. Urinary drug screen was collected and was negative for opioids. Diagnoses include post-laminotomy syndrome with chronic bilateral lumbar radiculitis; right shoulder impingement; thoracic musculoligamentous strain/sprain; chronic GERD (Gastroesophageal Reflux Disease) ; major depression; erectile dysfunction; irritable bowel; status post permanent SCI(Spinal Cord Injury) implant in August 2011; status post right inguinal herniorrhapy; and L3-4 decompression/fusion (date unknown). Request(s) for Prilosec 20mg#60 and Cialis 20mg#20 were non-certified on 8/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, PAGE 68-69

Decision rationale: This 41 year-old patient sustained an injury on 2/9/05 while employed by [REDACTED]. Request(s) under consideration include PRILOSEC 20MG#60 and CIALIS 20MG#20. AME supplemental report of 5/21/08 noted pain with shoulder/scapula and mid/lower back radiating to legs. Future medical treatment included oral analgesics, short courses of physical therapy for acute exacerbation without any prospect for further surgery unless condition deteriorates limited to hardware removal. Report of 7/16/13 from the provider noted patient on Nucynta, Prilosec, and Cialis all beneficial. Spinal cord stimulator remains effective; he continues with chronic pain in low back. Exam noted slow ambulation; pain on palpation of lumbar region; decreased range secondary to pain; IPG sit clean and well-healed incision sites. The patient remained P&S. Urinary drug screen was collected and was negative for opioids. Diagnoses include post-laminotomy syndrome with chronic bilateral lumbar radiculitis; right shoulder impingement; thoracic musculoligamentous strain/sprain; chronic GERD (Gastroesophageal Reflux Disease); major depression; erectile dysfunction; irritable bowel; s/p permanent SCI(Spinal Cord Injury) implant in August 2011; s/p right inguinal herniorrhaphy; and L3-4 decompression/fusion (date unknown). The patient is not prescribed any NSAIDs requiring a GI protectant. Although there is a diagnosis of GERD, gastrointestinal symptomatic complaints and clinical findings were not identified nor has previous treatment with Prilosec shown functional benefit. Prilosec medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI clinical findings that meet the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg#60 is not medically necessary and appropriate.

CIALIS 20MG#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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TESTOSTERONE REPLACEMENT FOR HYPOGONADISM (RELATED TO OPIOIDS), PAGE 110-111

Decision rationale: This 41 year-old patient sustained an injury on 2/9/05 while employed by [REDACTED]. Request(s) under consideration include PRILOSEC 20MG#60 and CIALIS 20MG#20. AME supplemental report of 5/21/08 noted pain with shoulder/scapula and mid/lower back radiating to legs. Future medical treatment included oral analgesics, short courses of physical therapy for acute exacerbation without any prospect for further surgery unless condition deteriorates limited to hardware removal. Report of 7/16/13 from the provider noted patient on Nucynta, Prilosec, and Cialis all beneficial. Spinal cord stimulator remains effective; he continues with chronic pain in low back. Exam noted slow ambulation; pain on palpation of lumbar region; decreased range secondary to pain; IPG sit clean and well-healed incision sites. The patient remained P&S. Urinary drug screen was collected and was negative for opioids. Diagnoses include post-laminotomy syndrome with chronic bilateral lumbar radiculitis; right shoulder impingement; thoracic musculoligamentous strain/sprain; chronic GERD; major depression; erectile dysfunction; irritable bowel; s/p permanent SCI implant in August 2011; s/p right inguinal herniorrhaphy; and L3-4 decompression/fusion (date unknown). Per MTUS Guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the natural occurrence of decreased testosterone that occurs with decreased testosterone in aging, certain prescribed medications, in addition to comorbid endocrine and vascular disorders such as diabetes and hypertension as with this patient. There is also little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. There is no specific sexual dysfunction identified by subjective complaints, clinical examination or specific diagnosis to support for use of Cialis. Submitted reports have not adequately demonstrated support for treatment of non-specific sexual problems nor establish medical necessity for treatment of ED as it relates to this chronic injury without identified spinal cord injury. The Cialis 20MG #20 is not medically necessary and appropriate.