

<b>Case Number:</b>	CM13-0055300		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/05/1998
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 57 year old male who reported an injury on 01/05/1998. The mechanism of injury was not specifically stated. The patient is currently diagnosed with L4-5 disc extrusion, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, and lumbago. The patient was seen on 10/24/2013. The patient reported 7-8/10 pain. The patient also reported testicular pain and depressive symptoms. Physical examination was not provided. Treatment recommendations included continuation of current medications including Zoloft, Norco, ibuprofen, and Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 50mg QD #30, with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 and 107.

**Decision rationale:** California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. As per the documentation submitted, the patient has continuously utilized this medication. Despite

ongoing use, the patient continues to report depressive symptoms. There is no documentation of objective functional improvement following the ongoing use of this medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Norco 10/325mg, one QID prn #120, with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request is non-certified.

**Cialis 20mg QD #30 with 6 refills:** 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 Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 February 2014.

**Decision rationale:** Cialis is used to treat erectile dysfunction and symptoms of benign prostatic hyperplasia, which include difficulty urinating, painful urination, and urinary frequency in adult men. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of erectile dysfunction or symptoms of benign prostatic hyperplasia. The medical necessity has not been established. Therefore, the request is non-certified.

**Ibuprofen 800mg BOD prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Documentation of functional improvement has not been provided. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.