MAXIMUS Federal Services

Case Number:	CM13-0059063		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2002
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/29/2013

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 Physical Medicine and Rehabilitiaton, and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 12/06/2002. The patient was seen on 11/07/2013 for examination of his neck, low back, the left elbow, bilateral shoulders, and a hernia. The patient is status post cervical fusion at the C6-7 level, performed under a [redacted] in 10/2004. The patient also has disc disease at L4-5 and L5-S1. The patient has undergone a previous transforaminal epidural steroid injection and a previous neck surgery, as well as an epidural injection to the lumbar spine performed in 2003, which provided him with no major relief. The patient is also status post 3 surgical interventions to his shoulder on the left with stabilization of the distal clavicle and removal of the hardware at the third surgery. The patient is also status post 2 surgical interventions to the right shoulder with decompression and eventually distal clavicle excision. He is also status post ulnar nerve transposition on the left, performed in 07/2010, but has had no EMG subsequent to that surgery, per documentation. Aside from his hernias, as well as stating he has 2 protruding lumps, and was supposedly scheduled for surgical intervention in December, the patient has also had issues with headaches and GI irritation, which had been well documented in 2010. The patient has had limitation with pushing, pulling, lifting, reaching at or above shoulder level, forceful activities, and prolonged sitting, standing, and walking. Objective findings noted the patient had flexion of 35 degrees in the neck and extension no more than 30 degrees, with full extension of the elbow and full flexion of 145 degrees. Abduction was no more than 130 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. Terocin also contains the ingredient capsaicin, which is not recommended for topical use under the MTUS Chronic Pain Guidelines, as well as being used as a compounded agent in any topical analgesics. The documentation dated 12/12/2013 does state that the patient is trying to avoid narcotics. However, the information does not indicate that this topical analgesic has provided him with any significant pain relief, nor has it improved his functional abilities. Furthermore, although the documentation states that patient is trying to avoid narcotics, it does not state that he is unable to utilize other non-opioid oral analgesics. Therefore, the requested service is not medically necessary and appropriate.

Cialis #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Qaseem A, Snow V, Denberg TD, Casey DE Jr, Forciea MA, Owens DK, Shekelle P, Clinical Efficacy Assessment Subcommittee of the American College of Physicians. Hormonal testing and pharmacologic treatment of erectile dysfunction: a clinical practice guideline from t

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, http://www.drugs.com/dosage/cialis.html.

Decision rationale: According to the online web site, drugs.com, Cialis is a medication that relaxes muscles and increases blood flow to particular areas of the body and is used to treat erectile dysfunction (impotence) and symptoms of benign prostatic hypertrophy (enlarged prostate). In the case of this patient, the documentation does note that he has had erectile dysfunction due to chronic pain. However, the documentation does not provide any subjective or objective clinical findings to corroborate with this diagnosis, and the physician has failed to provide a dosage for this medication (he has only requested a number of tablets). Therefore, at this time, the documentation does not provide sufficient information to give a medical necessity for the use of this medication. As such, the requested service is not medically necessary and appropriate.