

Case Number:	CM13-0062140		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2004
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine, and is licensed to practice 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain, sacroiliac joint pain, depression, and insomnia reportedly associated with an industrial injury of August 21, 2004. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior failed lumbar spine surgery; sacroiliac joint injection therapy; topical agents; and extensive periods of time off of work. In a utilization review report of December 5, 2013, the claims administrator partially certified tramadol and oxycodone, and denied a request for topical flurbiprofen, Cialis, and Amrix. It was stated that the patient did have documented functional benefit with tramadol and oxycodone. Despite the benefit reported by the claims administrator, only a partial certification was issued. Cialis was denied owing to the illegibility of the report. It is noted that the claims administrator miscited and mislabeled several MTUS and non MTUS Guidelines. On October 1, 2012, the patient was given a 16% whole-person impairment rating. He was described as receiving Social Security Disability Insurance (SSDI). The patient was only 45 years of age, it was stated, at that point in time. The patient was described as unlikely returning to the workforce. The patient was described as using Cialis for erectile dysfunction and lower testosterone levels which were attributed to opioid usage. It was stated that hopefully the patient's testosterone levels were returned to normal if he in fact diminished his opioid consumption. A March 21, 2013 progress note is notable for comments that the patient is again off of work. The patient was described as using oxycodone, tramadol, Amrix, and Cialis. The patient was having persistent low back pain with weakness about the right leg. The patient is again placed off of work, on total temporary disability. A handwritten March 21, 2013, progress note is again notable for comments that the patient should remain off of work, on total temporary disability. The note was not entirely

legible, but the patient was described as using Terocin, Cialis, oxycodone, and tramadol. A spine surgery consultation was seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, 120 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as the result of the same. In this case, however, the applicant is off of work, on total temporary disability. There no evidence of improved performance of activities of daily living and/or reduction in pain score effected as a result of ongoing tramadol usage. Continuing the same, on balance, is not indicated. The request for Tramadol 50 mg, 120 count, is not medically necessary or appropriate.

FLURBIPROFEN 120 ML, 30 GRAMS, QUANTITY OF ONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: According to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents such as flurbiprofen which are, according to the Chronic Pain Medical Treatment Guidelines, "largely experimental." It is further noted that it is not clear whether this is a first-time request for flurbiprofen or a renewal request for the same. If the renewal request, as with the other drugs, the evidence on file does not establish the presence of any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work, on total temporary disability. There is no evidence that the applicant's ability to perform activities of daily living has been ameliorated as a result of the ongoing oral and/or topical medication usage. The request for Flurbiprofen 120 ml, 30 grams, quantity of one, is not medically necessary or appropriate.

OXYCODONE 10MG, 180 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As with the request for tramadol, the Chronic Pain Medical Treatment Guidelines outlines the criteria for continuation of opioid therapy, which are evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant has failed to achieve these criteria despite ongoing usage of oxycodone, an opioid. The applicant is off of work, on total temporary disability. The limited information on file does not establish any evidence of improved functioning and/or reduced pain as a result of ongoing oxycodone usage. The request for Oxycodone 10mg, once every four hours, 180 count, is not medically necessary or appropriate.

CIALIS 20 MG, 10 COUNT: Overturned

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 American Urological Association (AUA), Erectile Dysfunction Treatment Guidelines Statements

Decision rationale: The MTUS does not address the topic. As noted by the American Urological Association (AUA), oral phosphodiesterase inhibitors such as Cialis "should be offered" as a first line of therapy for erectile dysfunction. In this case, the information on file, while at times sparse, handwritten, and not entirely legible, does seemingly establish the presence of ongoing issues with erectile dysfunction which date back to 2012. Ongoing usage of Cialis to combat the same is indicated, appropriate, and supported by the American Urological Association (AUA). The request for Cialis 20 mg, 10 count, is medically necessary and appropriate.

AMRIX 15 MG, 30 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Amrix to other agents not recommended. In this case, the patient is using numerous other analgesics and/adjuvant agents. Adding Amrix or cyclobenzaprine to the mix is not recommended. The request for Amrix 15 mg, 30 count, is not medically necessary or appropriate.

