

Case Number:	CM13-0062298		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2012
Decision Date:	08/04/2014	UR Denial Date:	11/06/2013
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 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 is a 63-year-old male patient with a 2/5/12 date of injury. He injured himself when he fell from a cabin of a truck. A 12/3/13 progress report indicated that the patient complained of mild pain in the lower back, 2-3/10. His symptoms improved by 90% following the epidural injection dated 11/21/2013. He continued to be symptomatic with cervical pain. He also had pain in bilateral knees, due to arthritis. The patient had ongoing erectile dysfunction. Physical exam demonstrated diffuse myofascial tenderness with a negative facet sign in the cervical spine. Range of motion was stiff, but not limited. Lumbar spine musculature was less tender, and had slightly decreased range of motion. He was diagnosed with status post C3-4 ACDF on 2/19/13 secondary to cervical spine strain with severe right C3-4 facet joint arthropathy, bilateral L2-3, L3-4, L4-5, and L5-S1 moderate facet hypertrophy, and erectile dysfunction on an industrial bases status post re-evaluation with urologist. A 10/28/13 urologist progress report indicated that the patient was first seen by a urologist on 4/1/13 and has been diagnosed with erectile dysfunction which could have been caused by a combination of preexisting medical factors and aggravated by his work related injury on 2/5/12. In the past he had prescribed Cialis by his private physicians, and had positive results. Treatment to date: medication management, activity modification. There is documentation of a previous 11/6/13 adverse determination, because the records and evidence based citation did not support certification of the request. There was no objective documentation of injury induced erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation (Topical Medication Safety Warning.

Decision rationale: A search of on-line resources revealed that Dendracin (Methyl Salicylate/Benzocaine/Menthol) is a topical analgesic used for the temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. However, CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of local anesthetics in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Recommend non-certification. However there was a documentation supporting that the patient had 90% pain relief following epidural steroid injection. There was no evidence of significant pain relief or functional gains on Dendracin use. In addition, CA MTUS guidelines did not support topical compounded products for local anesthetic use. Therefore, the request for Pharmacy purchase of Dendracin lotion is not medically necessary.

COMPOUNDED KETOPROFEN/GABAPENTIN/LIDOCAINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was a documentation supporting that the patient had 90% pain relief following epidural steroid injection. There was no evidence of significant pain relief or functional gains on requesting compounded cream. In addition, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request for prescription of Ketoprofen, Gabapentin, and Lidocaine compounded cream is not medically necessary.

CIALIS 10-20MG, #15: Upheld

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

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: FDA (Cialis).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Cialis is indicated for the treatment of erectile dysfunction (ED), for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH), and for the treatment of ED and the signs and symptoms of BPH (ED/BPH). There was a UR decision dated on 12/23/13 that certified Cialis 20mg #10 from 12/23/13 to 1/31/14. This patient was documented to have erectile dysfunction, and has been followed by a urologist. The urologist felt the Cialis to be appropriate for this patient. However, the causal relationship between erectile dysfunction and the industrial injury was not identified. In addition, other reasons for the patient's complaints were not ruled out. There is no evidence of efficacy of previous Cialis treatment. Therefore, the request for prescription of Cialis 10-20mg number fifteen (15) is not medically necessary.