

Case Number:	CM14-0011526		
Date Assigned:	02/21/2014	Date of Injury:	12/20/2002
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The patient is a 52-year-old male who has submitted a claim for left knee ACL tear, right knee ACL and medial meniscus tear status post arthroscopy, depression, and anxiety associated with an industrial injury date of 12/20/2002. The medical records from 2007 to 2014 were reviewed. The patient complained of bilateral knee pain. He reported use of Butrans patch on as needed basis due to its adverse effect of erectile dysfunction, which made him feel depressed. However, intake of Cialis counteracts its effects. Constipation was well managed by docusate sodium. Pain relief and improved functional activities were attributed to his current treatment regimen. A urine drug screen from 11/5/2013 showed positive for cannabinoids; hence, both Norco and benzodiazepines were discontinued and replaced with Butrans patch. On physical examination, patient was alert and oriented. The patient's gait was unremarkable. He was able to sit comfortably. He did not appear drowsy, lethargic, confused, and delusional. The treatment to date has included right knee arthroscopy, cognitive behavioral therapy, and medications such as Flector patch, Prilosec, Docusate Sodium, Gabapentin, Cialis, Butrans patch, and Venlafaxine. The Utilization review from 01/09/2014 denied the request for Butrans patch because there was no evidence of opiate addiction. Reasons for denial of docusate sodium and Cialis were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 5MCG PATCHES #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: According to pages 26-27 of the California MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, urine drug screen from 11/5/2013 showed positive for cannabinoids; hence, both Norco and benzodiazepines were discontinued and replaced with Butrans patch. Pain relief and improved functional activities were attributed to its use. The progress report from 02/18/2014 cited that patient had been off Butrans patch for two weeks because he would like a trial of no medication intake; hence, Butrans patch was discontinued. There is no clear indication for certifying this request at this time. There was no evidence that pain escalated upon discontinuation of Butrans patch. Therefore, the request for Butrans 5mcg patch #4 is not medically necessary.

DOCUSATE SODIUM 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of California MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on Butrans patch since November 2013. He reported symptoms of constipation upon its use, and relieved upon intake of docusate sodium. The progress report from 02/18/2014 cited that patient had been off Butrans patch for two weeks because he would like a trial of no medication intake; hence, Butrans patch was discontinued. There is no clear indication for certifying this request at this time since current treatment regimen does not include any opioid drug. Therefore, the request for docusate sodium 100mg #60 is not medically necessary.

CIALIS 5MG: 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: FDA (Cialis).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Cialis (Tadalafil) is indicated for erectile dysfunction and benign prostatic hyperplasia. In this case, patient complained of erectile dysfunction as adverse effect from using Butrans patch. He has been on Cialis since November 2013, however, medical records failed to provide evidence of functional improvement derived from its use. Moreover, progress report from 02/18/2014 cited that patient had been off Butrans patch for two weeks because he would like a trial of no medication intake. There is no clear indication for certifying Cialis at this time. Therefore, the request for Cialis 5 mg is not medically necessary.