

Case Number:	CM14-0019936		
Date Assigned:	04/28/2014	Date of Injury:	07/28/2009
Decision Date:	07/22/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Psychiatry 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:

Patient is a 48-year-old male who has submitted a claim for lumbar disc degenerative disorder, lumbar radiculopathy, myalgia, sleep disorder, anxiety, and depression associated with an industrial injury date of 07/28/2009. Medical records from 2013 were reviewed. Patient complained of low back pain, graded 7/10 in severity, and relieved to 3/10 upon intake of medications. This resulted to difficulty in performing family / home responsibilities, doing self-care, attending social activities, and recreation. Patient likewise had difficulty sleeping. Patient had anxiety due to withdrawals from pain medications. He had become more depressed and lacked both energy and motivation. Physical examination showed that patient had normal mood and affect. He was alert and oriented. Speech was fluent. Memory was intact. Range of motion of the lumbar spine was restricted. Tenderness at paralumbar muscles was evident. Treatment to date has included Butrans patch, oxycodone, Klonopin, Pristiq, Latuda, trazodone, and Cialis. Utilization review from 01/27/2014 denied the request for Cialis 20 mg because it was not prescribed for an industrial-related injury; denied Klonopin 0.5mg, #60 because long-term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23,24, 66,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, patient has a known sleep disorder and anxiety disorder. He was prescribed Klonopin since October 2013 and noted symptom control upon its use. However, long-term use is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Klonopin 0.5mg #60 is not medically necessary.

CIALIS 20MG #15: 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 CA 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 has a known erectile dysfunction and is on Cialis since October 2013. However, recent progress reports failed to provide evidence of functional improvement attributed to its use. Therefore, the request for Cialis 20 mg #15 is not medically necessary.