

<b>Case Number:</b>	CM14-0130009		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 56-year-old male who reported an injury on 02/09/1998. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical degenerative disc disease with bilateral upper extremity radicular pain and sensory radiculopathy, worse on the right than the left; cervical facet arthropathy, worse in the upper neck region, potentially causing posterior headaches; failed back syndrome; chronic lower extremity radiculopathy with weakness, worse on the right than the left; status post previous lumbar surgery, including fusion at L3-4 and L4-5, anterior and posterior approach; status post removal of posterior hardware; facet arthropathy above and below fused levels; bilateral knee pain secondary to internal derangement; and large anterior approach incision for the lumbar anterior fusion. Previous treatment consists of radiofrequency and neurotomy, spinal cord stimulator for the lumbar spine, cervical and lumbar epidural steroid injections, facet injections, postoperative physical therapy, acupuncture, surgery, and medication therapy. Medications include OxyContin, Colace, Dulcolax, Neurontin, Cialis, Norco, Ambien, Lunesta, Valium, and Escitalopram. On 05/20/2014, the injured worker complained of severe pain throughout the body. He had pain in the neck region with involvement of both upper extremities and pain in the low back and down both lower extremities. Physical examination revealed that the injured worker had an antalgic gait. He had swelling of the left knee. The injured worker also had tenderness of the upper back and neck region with decreased sensation in the upper extremities. There was also decreased sensation in the lower extremities. Drug screen obtained 03/19/2014 revealed that the injured worker was in compliance with his prescription medications. The treatment plan was for the injured worker to continue Cialis and OxyContin. The provider feels that the medications are helping with the injured worker's pain levels. The Request for Authorization form was submitted on 03/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg #12, by mouth as needed, no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone replacement for hypogonadism.

**Decision rationale:** The request for Cialis 20 mg by mouth as needed with no refills is not medically necessary. The Official Disability Guidelines state that etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors, including chronic pain, natural occurrence of decreased testosterone that occurs with aging, documented side effect of decreased sexual function that is common with other medications used to treat pain (tricyclic antidepressants, and certain anti-epilepsy drugs) and comorbid conditions, such as diabetes, hypertension, and vascular disease and erectile dysfunction. Examination of the injured worker was not provided detailing current effects, deficits or erectile dysfunction to warrant the use of Cialis. The provider stated that the injured worker had been prescribed Cialis since at least 03/2014. The efficacy of the medication was not provided in the submitted report. The severity of the erectile dysfunction was also not provided. As such, the request for Cialis 20 mg is not medically necessary.

**OxyContin 10mg #90, by mouth three times a day, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** The request for OxyContin 10 mg by mouth 3 times a day is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The report submitted did not show any of the above. There was no documentation rating the injured worker's pain before, during, and after the OxyContin. There was also no mention of side effects or how long the medication worked. There was no mention as to how long the injured worker had been taking the OxyContin. Given that submitted report did indicate that the injured worker was in compliance with urine drug screens, the submitted report lacked any

evidence as to the dosage, frequency, and duration of the medication. Furthermore, there are few studies of opioids for treatments of chronic low back pain with result in neuropathy. Given the above, the request for OxyContin 10 mg by mouth 3 times a day is not medically necessary.