

Case Number:	CM14-0159265		
Date Assigned:	10/02/2014	Date of Injury:	08/30/2007
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Practice 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:

61 yr. old male claimant sustained a work injury on 8/1/07 involving the back and left upper extremity. He was diagnosed with bilateral carpal tunnel syndrome, cervical degenerative disc disease with radiculopathy and lumbar radiculopathy. He was additionally diagnosed with hypertension, COPD, chronic back pain, obesity, left elbow and shoulder pain as well as hypogonadism. A progress note on 5/9/14 indicated the claimant had left shoulder tenderness with painful range of motion. There were paraspinal spasms in the neck with limited range of motion. Straight leg raise testing was positive bilaterally. He had been on Cialis for erectile dysfunction (from pain medication use), Norco 10 mg TID for pain, testosterone injections, Estazolam for sleep and Lyrica for neuropathic pain. He had been on the Norco since March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Long-term use is not indicated and must follow a controlled substance agreement. The continued use of Norco is not medically necessary.

Estazolam 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia

Decision rationale: According to the MTUS guidelines, Esrazolam (a Benzodiazepine) is 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. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the sleep disorder was not specified nor its response to treatment with behavioral modification and pain management. A month use or longer is not recommended. The Estrazolam as above is not medically necessary.

Lyrica 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, /Pregablin Page(s): 99.

Decision rationale: According to the MTUS guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the claimant does not have the above diagnoses. Use for neuropathic symptoms related to cervical, lumbar or wrists disorders are not evidence based. The Lyrica is not medically necessary.

Cialis 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, Inc.-Medical Specialty Society

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to testosterone reduction and in turn lead to erectile dysfunction. In this case, the claimant was receiving testosterone. The levels were unknown. In addition, the claimant had been on anti-depressants, which can cause sexual dysfunction. The evaluation for erectile dysfunction or behavioral intervention and medication side effects options and their failure were not noted prior to using Cialis. The Cialis is therefore not medically necessary.