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| Case Number: | CM14-0169509 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 09/26/2000 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 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:

There were 77 pages provided for this review. The application for independent medical review was for the services of Norco 10\325 mg number 180 with a second prescription of another 180 not to be dispensed until October 10, 2014. It was also a request for 12 20 mg Cialis tablets. Per the records provided, the patient is a 65-year-old man who was injured 14 years ago. The diagnoses were multiple levels of spondylosis, cervical spine status post discectomy and fusion C-2 through C6 with degenerative disc disease C6-C7 with myelopathic radiculopathy. There were multiple levels of spondylosis of the lumbar spine with spinal stenosis, status post laminectomy L2 through L5, status post diffusion L3-L4. There was a left knee torn medial meniscus with patellofemoral femoral syndrome, resolved. There was a right knee torn lateral meniscus status post arthroscopic Meniscectomy. There was also a left shoulder calcific tendinitis with acromioclavicular arthritis. Future medical treatment was recommended to include follow-up with the patient's lower back and spine. In the past, the patient has had some relief with the use of acupuncture. The patient underwent an extreme lateral interbody fusion at L4-L5. The patient also had received a lumbar epidural steroid injection. It was stated that the patient has a low testosterone level. The patient was not a candidate for ongoing opiate therapy. A modification was made to help the patient off of the narcotics. The patient's erectile dysfunction is due to chronic pain and the use of medicine. Medical records were not provided establishing that there truly is a low testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with a 2nd RX of #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

Cialis 20mg #12: 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

Decision rationale: Per the Physician Desk Reference, the 20 mg of Cialis is the maximal dose permitted; I did not find where lesser doses were assessed and deemed to be non-effective. I also did not see where opiate reduction had been attempted as of yet, as another tool to address the opiate-induced and low testosterone induced erectile dysfunction. With the cessation and weaning of the Norco, erectile dysfunction due to opiate usage also generally improves. Therefore, this request is not medically necessary.