

Case Number:	CM14-0179840		
Date Assigned:	11/04/2014	Date of Injury:	03/17/2005
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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:

Injured worker is a 60 year-old male with date of injury 03/17/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/10/2014, lists subjective complaints as pain in the low back and right knee. Injured worker is status post right knee replacement on 12/20/2010. Objective findings: Injured worker had a tender cyst in the midline of the lumbar spine. He declined forward flexion and extension. Sitting straight leg raising and heel and toe stand were intact. Injured worker pulled down the left leg and right leg respectively with straight leg raising. Injured worker had right knee pain that was uncomfortable as well. Diagnosis: 1. Lumbar sprain 2. Right knee sprain 3. Status post right knee replacement. It was not possible to determine how long the injured worker had been taking the following medications based on the medical records supplied for review. Medications: 1. Cialis 10mg, #10 SIG: 2 tabs before bed2. Diazepam 5mg, #90 SIG: 2 PO TID PRN3. Prilosec/Omeprazole 20mg, #60 SIG: 1 PO BID4. Oxycodone 10mg, #120SIG: 1 PO QID PRN 5. Mirtazapine 15mg, #30 SIG: 2 PO at bedtime6. Hydromorphone 2mg, #20 SIG: 2 PO Q 12H

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10mg #10 x1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://pi.lilly.com/us/cialis-pi.pdf> Indications and Usage: Cialis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: Sildenafil (Viagra) and Tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction 2. No concurrent use of nitrates 3. Any one of the following: a. Member is 55 years of age or older b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease) c. Documentation of a normal testosterone level d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product e. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request) In addition, Tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH 2. Inadequate response or inability to tolerate an alpha blocker Documentation in the injured worker's medical record fails to meet the above inclusion criteria. Cialis 10mg #10 x1 refill is not medically necessary.

Diazepam 5mg #90 x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS states that 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has been prescribed enough diazepam for a 12 week course, much longer than the 4 weeks suggested by the MTUS. Diazepam 5mg #90 x2 refills are not medically necessary.

Prilosec / Omeprazole 20mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the injured worker has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec / Omeprazole 20mg #60 x 2 refills are not medically necessary.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of last 6 months. Oxycodone 10mg #120 is not medically necessary.

Mirtazapine 15mg #30 x2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=0201a4eb-f127-4e45-92a7-b65a1af65b24#s4>

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

Decision rationale: Mirtazapine (Remeron) is a noradrenergic and specific serotonergic antidepressant (NASSA) used to treat major depressive disorder. According to the Official Disability Guidelines, antidepressants are not routinely recommended for non-neuropathic low back pain. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. Mirtazapine 15mg #30 x2 refills are not medically necessary.

Hydromorphone 2mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the injured worker fits either of these criteria. Hydromorphone 2mg #20 is not medically necessary.