

Case Number:	CM14-0021130		
Date Assigned:	03/07/2014	Date of Injury:	01/29/2013
Decision Date:	07/03/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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:

The patient is a 41-year-old male who has filed a claim for lumbar intervertebral disc displacement associated with an industrial injury date of January 29, 2013. Review of progress notes indicates bilateral hip and back pain, and an 85% decrease in pain with use of Percocet and meloxicam. The patient also complains of left knee pain. Findings include decreased and painful range of motion of the lumbar spine. There is mention that the patient exhibits factors for delayed recovery including poor sleep, poor activity tolerance, fear of re-injury, anxiety, anger, sadness, depression, easy fatigability, and problems getting out of bed. Treatment to date has included NSAIDs, opioids, muscle relaxants, Cialis, physical therapy, cognitive behavioral therapy, knee bracing, injection to the back, and L4-L5 lumbar laminectomy. Utilization review from December 06, 2013 denied the request for Cialis 3mg #3 as there is no documentation regarding nerve root compromise that prevents erection; Vistaril 25mg #30 as there are no complaints regarding anxiety and nausea; and Lunesta 3mg #10 as there is no documentation regarding insomnia or related difficulties, and no documentation regarding efficacy from prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 3MG #3: Upheld

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

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 California MTUS Chronic Pain Medical Treatment Guidelines 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, there is no documentation regarding complaints of erectile dysfunction, or findings consistent with benign prostatic hyperplasia, in this patient. Therefore, the request for Cialis 3mg #3 is not medically necessary and appropriate.

VISTATIL 25MG #30: Upheld

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

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 (Vistaril).

Decision rationale: According to the FDA, Vistaril (hydroxyzine pamoate) is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis, and as an adjunct in organic disease states in which anxiety is manifested. The effectiveness as an anti-anxiety agent for long-term use (more than 4 months) has not been assessed by clinical studies. Although there is mention that the patient has psychological factors affecting delayed recovery, patient is currently undergoing cognitive behavioral therapy. Also, there is no documentation describing anxiety complaints in this patient. Therefore, the request for Vistaril 25mg #30 is not medically necessary and appropriate.

LUNESTA 3MG #10: Upheld

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

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

Decision rationale: The Official Disability Guidelines (ODG) states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency, and withdrawal may occur with abrupt discontinuation. In this case, the patient has been on this medication since November 2013. There is no documentation regarding recent

complaints of insomnia in this patient to support this request. Therefore, the request for Lunesta 3mg #10 is not medically necessary and appropriate.