

Case Number:	CM14-0021501		
Date Assigned:	05/07/2014	Date of Injury:	01/04/2010
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 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:

This 58 year-old patient sustained a repetitive injury on 1/4/10 while employed by [REDACTED]. Requests under consideration include Cialis five(5) milligrams(mg) thirty(30) tablets and norco 10/325 milligrams(mg) one hundred eighty(180) tablets. Diagnoses include chronic lumbar, thoracic, cervical and bilateral shoulder pain; chronic bilateral lower extremity radicular symptoms; chronic depression; constipation; and sexual dysfunction. Conservative care has included multiple diagnostics (x-rays, MRIs, and electrodiagnostic studies), physical therapy, medications, chiropractic care, and TENS. Report of 12/9/13 from the provider noted the patient with continued pain in the neck, back, and shoulders with numbness and shocking sensation in the left leg/feet and was noted to be using a cane. Exam showed diffuse decrease in range of motion in the cervical, lumbar spine and shoulders with tenderness. It was noted the patient has sexual dysfunction from his low back pain and the medications he takes for this injury and that Cialis has "improved" the sexual dysfunction without specifics in functional benefit. The requests for medications Cialis and Norco were non-certified on 2/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS FIVE(5) MILLIGRAMS(MG) THIRTY(30) TABLETS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TESTOSTERONE REPLACEMENT FOR HYPOGONADISM (RELATED TO OPIOIDS)
Page(s): 110-111.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the natural occurrence of decreased testosterone that occurs with decreased testosterone in aging, certain prescribed medications, in addition to comorbid endocrine and vascular disorders such as diabetes and hypertension as with this patient. There is also little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. There is no specific sexual dysfunction identified by subjective complaints, clinical examination or specific diagnosis to support for use of Cialis. Submitted reports have not adequately demonstrated support for treatment of non-specific sexual problems to establish medical necessity for treatment of ED as it relates to this chronic 2010 repetitive trauma injury without identified lumbar spine surgery with spinal cord injury. The Cialis five(5) milligrams(mg) thirty(30) tablets are not medically necessary and appropriate.

NORCO 10/325 MILLIGRAMS(MG) ONE HUNDRED EIGHTY(180) TABLETS: 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): 74-96.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The Chronic Pain Medical Treatment Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2010 repetitive trauma injury. The Norco 10/325 milligrams(mg) one hundred eighty(180) tablets are not medically necessary and appropriate.

