

Case Number:	CM14-0023365		
Date Assigned:	05/12/2014	Date of Injury:	03/23/2005
Decision Date:	07/10/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 23, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; medications for erectile dysfunction; topical compound; adjuvant medications; and extensive periods of time off of work. In a utilization review report of January 27, 2014, the claims administrator denied a request for Cialis and Gabitril. The claims administrator stated that Gabitril had already been discontinued per a telephone conversation. The claims administrator denied the request for Cialis on the grounds that the applicant's prescribing provider was a psychiatrist and that, in the claims administrator's opinion, that the applicant would be better served receiving this medication through primary care. The applicant's attorney subsequently appealed. A March 17, 2014 progress note was notable for comments that the applicant was off of work, on total temporary disability. Cymbalta, Abilify, Lunesta, and Cialis were sought. Cialis was apparently being endorsed for erectile dysfunction. Multiple progress notes interspersed throughout 2013 were notable for comments that the applicant should remain off of work, on total temporary disability. The applicant was using a variety of agents, including Norco, Neurontin, Celebrex, and Terocin. The applicant is also using a TENS unit. It appeared that the applicant was alleging issues with sexual dysfunction on notes of October 21, 2013 and January 20, 2014, reportedly a function of the industrial injury. There was no mention of Gabitril on any of these progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20MG #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21056623>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guideline.

Decision rationale: The request for Cialis is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5-phosphodiesterase inhibitor such as Cialis are a first-line therapy for erectile dysfunction, the AUA also states that applicants receiving 5-inhibitor therapy should have periodic follow-up visits in which efficacy, side effects, and/or significant change in health status are discussed. In this case, however, the attending provider has refilled Cialis on at least two to three occasions without any mention or discussion of efficacy. This does not conform to standards of practice set by the AUA. Therefore, the request is not medically necessary.

GABITRIL 4MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Gabitril Medication Guide.

Decision rationale: The request for Gabitril, an anticonvulsant medication, is likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Gabitril is an anticonvulsant medication used to treat partial seizures in adults and children ages 12 or older. In this case, however, the attending provider has not clearly stated why or for what purpose Gabitril is being employed. It is not clearly stated whether Gabitril is being employed for epilepsy or, off-label, for non-FDA label purposes. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to furnish both a clear rationale for usage of drugs for non-FDA label purposes and furnish evidence to support the same. In this case, the claims administrator seemingly suggested that the applicant had discontinued Gabitril long before the date of the request. No rationale or justification for its usage was provided. Therefore, the request is not medically necessary.