

Case Number:	CM14-0030574		
Date Assigned:	06/20/2014	Date of Injury:	06/19/2001
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 67 year old male who sustained an injury on 06/19/01 when he tripped and fell. The injured worker was followed for complaints of chronic low back pain. Previous treatment included multiple narcotic medications and Ativan, gabapentin and Lidoderm patches for neuropathic symptoms. The clinical record on 02/12/14 reported prior treatment including injections physical therapy and chiropractic manipulation. The injured worker declined any further surgical intervention. The injured worker described building some tolerance to opioid medications. There was also a report of sexual dysfunction due to continuing chronic low back pain and the amount of narcotic medications. The injured worker had low level of testosterone. On physical examination there were no specific findings. The injured worker was referred for pain psychological evaluation followed by six sessions to address depression secondary to chronic pain. The injured worker was also prescribed Cialis at this visit. Follow up on 02/20/14 noted no change on physical examination. The injured worker was continually recommended for pain psychological evaluation followed by six sessions for treatment of depression and Cialis. As of 05/14/14 the injured worker had been started on Cymbalta 30mg twice daily. The injured worker had not been able to obtain long prescribed long term prescribed medications including lorazepam or hydrocodone. Physical examination again noted no noted mildly antalgic gait. The injured worker was recommended to continue with medications and was again prescribed Cialis for sexual activity. The requested pain psychological evaluation six sessions of psychological treatment and Cialis unspecified dosage quantity and number of refills were denied by utilization review on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: In regards to the requested pain psychology evaluation, the injured worker described depression symptoms in conjunction with ongoing chronic pain. The injured worker developed opioid tolerance. Given the long period of chronic pain that had not improved with narcotic medications to date, the reported symptoms consistent with depression, and reported opioid tolerance; this reviewer would have recommended the pain psychological evaluation as medically necessary.

Six sessions of psychological treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101-102.

Decision rationale: In regards to the request for 6 sessions of psychological treatment, this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker has no clinical documentation of initial psychological evaluation establishing clear evidence of depression or anxiety that would reasonably benefit from individual psychotherapy. Given the lack of a specific psychological evaluation for the injured worker this reviewer would not have recommended this request as medically necessary.

Cialis (unspecified dosage, quantity, and number of refills): Upheld

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

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:Cialis. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Cilais with unspecified dose, quantity, or number of refills, this reviewer would not have recommended this medication as medically

necessary. From the clinical documentation submitted for review there is no clear evidence of diagnosed sexual dysfunction to support this medication. There has been no urology assessment provided for review establishing the presence of erectile dysfunction for which this medication is indicated. Therefore this reviewer would not have recommended this request as medically necessary.