MAXIMUS Federal Services

Case Number:	CM14-0046400		
Date Assigned:	07/02/2014	Date of Injury:	12/17/2002
Decision Date:	09/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This 55-year-old male welder was injured on 12/17/02 with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5 MG # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: http://www.medicinenet.com/tadalafil/article.htm; www.pdr.net.

Decision rationale: According to an online search, Cialis is indicated in the treatment of erectile dysfunction. In this case the patient is diagnosed with erectile dysfunction and diminished libido secondary to chronic opioid use. He is taking Cialis on a chronic basis. However, there is no discussion of the efficacy of this medication in the provided medical records. Medical necessity is not established.

Nucynta 50 MG # 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official Disability Guidelines, Pain, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Nucynta.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe chronic pain if efficacy is established. Nucynta is recommended as second-line treatment for patients with intolerable side effects to first-line opioids. However, in this case there is no discussion in the available records of failure of first-line opioid medications. While functional improvement is asserted on Nucynta, there has not been a reduction in the dependency upon medical care, and the patient continues to complain of severe pain and dysfunction. Further, the patient's opioid prescription, which includes Avinza, amounts to 133.4 daily morphine equivalent dose (MED), which exceeds the maximum recommended of 120. Medical necessity is not established.

Retro DOS 03/07/14 1 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, periodic drug screening Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screen.

Decision rationale: According to MTUS guidelines, periodic urine drug testing is recommended for patients taking opioids with frequency dependent upon risk of abuse or aberrant behavior. Patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case the patient is noted not to have any aberrant behavior or abuse. There are no records of urine drug testing in the past year. Medical necessity is established for one urine drug screen.