

Case Number:	CM14-0067742		
Date Assigned:	06/27/2014	Date of Injury:	09/21/2006
Decision Date:	10/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/01/2014

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 claimant was injured on 09/21/06. Norco and Cialis are under review. He has been diagnosed with postconcussion syndrome and unspecified internal derangement of the knee with headache. He saw [REDACTED] on 02/12/14. The Cialis was no longer being authorized. He had urinary retention and erectile dysfunction that was being treated under the industrial claim and he was being followed by [REDACTED] who stated his urinary function was adequate. He had seen [REDACTED] regarding erectile dysfunction and [REDACTED] had prescribed Cialis. This seemed to be helping him. He was also using Wellbutrin SR, Vesicare, zonisamide, Flomax, and Vicodin. He reportedly was injured on 09/21/06 when he fell through a skylight and fell 20 feet striking the floor beneath him. He had a very severe head injury and does not have any memory concerning the events immediately following the injury. He had extremely poor memory about the injury. He also had a knee injury with surgery on the right knee in November 2007 followed by physical therapy. He had less pain after the surgery. He was also given medication for ongoing wrist and right knee pain. He had a recent severe flareup of the rib pain. He has had many studies. He saw [REDACTED] on 03/04/14 for urinary retention. He had ongoing pain and his pain was 4/10 with medications and 7-8/10 without. He was using Cialis to treat erectile dysfunction. On 06/10/14, he saw [REDACTED]. He was having problems getting the Norco and Vesicare approved. He reportedly was getting benefit from the use of Cialis. He continued using the Norco with 50% reduction in his pain. It helped him adequately function with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco unspecified quantity 3/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, page 110; Medications for Chronic Pain Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco on 03/04/14. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and specific objectively measurable functional benefit, has been or will be done. There is no evidence that there has been involvement in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he takes it and he states it helps with his daily activities. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. There is no documentation of period urine drug tests to monitor compliance. As such, the medical necessity of the Norco, quantity unknown, prescribed on 03/04/14 has not been clearly demonstrated. Therefore, the request is not medically necessary.

Cialis unspecified quantity 3/4/14: 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) Treatment Index, 12th Edition (web) 2014, Pain, Testosterone replacement for hypogonadism (related to opioid); and Non-MTUS The American Urological Association Treatment Guidelines for Erectile Dysfunction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hypogonadism in chronic opioid use, Page(s): 142. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.; 2005. Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile

Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update.
Linthicum (MD): American

Decision rationale: [REDACTED] has stated that the claimant had an evaluation by a urologist and was given Cialis, but the nature of the evaluation, including whether or not all causes of ED have been assessed and ruled in or out, is not stated. The claimant's pattern of use and the results of the medication have not been described. There is no evidence that psychosocial issues or issues of chronic pain causing ED have been addressed. Also, the claimant is taking chronic opioids and it is not clear whether they have been ruled out as a possible cause. Therefore, medical necessity of this request for Cialis, quantity unknown, has not been demonstrated per MTUS and other noted guidelines.