MAXIMUS Federal Services

Case Number:	CM14-0071116		
Date Assigned:	08/08/2014	Date of Injury:	05/05/1984
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 Texas. 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 60 year old male who has complaints of pain at the shoulders, upper extremities, neck and low back. There was also an indication the injured worker has psychological involvement secondary to repeated trauma. The note indicates the injured worker having complaints of erectile dysfunction, a sleep disorder, and urinary incontinence. The note indicates the injured worker utilizing Norco to address the cervical and thoracic spine complaints. There was also an indication the injured worker has an anxiety disorder. The clinical note dated 04/20/12 indicates the injured worker undergoing an agreed medical examination. The note indicates the injured worker having difficulty with urinary flow. The note indicates the injured worker having sustained repeated trauma to the cervical spine, shoulders, arms, hands, as well as the mid and low back as a result of job related stress. The note indicates the injured worker also having difficulty with erectile dysfunction. There was also an indication the injured worker has complaints consistent with depressive symptomology. The note indicates the injured worker having a 42 year history of cigarette smoking. There was also a history of alcohol abuse. The injured worker had complaints of urinary frequency, nocturia, and urgency. The injured worker had been hospitalized for alcohol abuse on 10/15/05. The injured worker stated that he had been drinking since the age of 14 or 15. There is an indication the injured worker had previously attended programs and stayed sober for 3 months. The note indicates the injured worker utilizing Levitra, Vicodin, Flomax, Prozac, and Wellbutrin. The injured worker reported consuming approximately 10 beers each week. The injured worker also reported a 2 pack per day cigarette habit for more than 21 years. The injured worker reported ongoing moderate levels of cervical and lumbar pain. Range of motion limitations were also identified throughout the lumbar spine. The note indicates the injured worker was required to lift heavy tires that weighed upwards of 250 lbs., rotate up and grip tools while working with his

hands. The note does indicate the injured worker having previously undergone chiropractic therapy treatment. There was also an indication the injured worker had sustained vision loss secondary to hot brake fluid being thrown into his left eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation This is a Proton pump inhibitor used to treat gastroesophageal reflux disease also used to treat gastric or duodenal irritation and for gastric issues associated with nonsteroidal anti-inflammatory medication used. There is no evidence of any GI issues to support the need for this medication. The claimant is on a NSAIM, however, the dose of Ibuprofen is less than 3200/day. The claimant is on a SSRI which would place him at a moderate risk for adverse GI events. There is insufficient information to support the need for this medication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Proton pump inhibitors (PPIs).

Decision rationale: Recommended for patients at risk for gastrointestinal events. No information was submitted confirming the injured worker continuing to be at risk for gastointestinal events. Without the necessary information, the request is not medically necessary.

Cialis 5mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation This is used to treat erectile dysfunction. There is no evidence of this condition and no information was provided as to how or why the need for this medication would be related to any work injury.

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: 1.)Sen Xiao, Xiao-Xin Shi, , Jing Xing, Jing-Jing Yan, Shi-Ling Liu, Wei-Dong Lu. Tetrahedron: Synthesis of tadalafil (Cialis) from l-tryptophanAsymmetryVolume 20, Issue 18, 23 September 2009, Pages 2090-2096.2.)"FDA Announces Revisions to Labels for Cialis, Levitra and Viagra". Food and Drug Administration. 2007-10-18. Retrieved 2009-09-28.

Decision rationale: The documentation indicates the injured worker having a 20 year history of both smoking and alcohol abuse which is well-known factors leading to erectile dysfunction. Additionally, there is an indication the injured worker has been utilizing long term use of opioid therapy. Furthermore, the injured worker has been diagnosed with hypertension. Given the high

number of comorbidities, the use of Cialis is not indicated for this injured worker at this time. The request for Cialis 5mg #30 with 5 refills is not medically necessary.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation This prescribed as musculoskeletal relaxant but is metabolized in the body as an antianxiety agent. There is high predilection for dependence/addiction. It is not indicated for chronic long-term use and it is not indicated in treating chronic pain. It is not an effective muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg #90 with 3 refills cannot be recommended as medically necessary at this time.

Norco 5/325mg #9 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation There is no information to support the need for a short-acting opioid narcotic. It is not indicated for degenerative arthritis. There is no evidence of compliance testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 5/325mg #9 with 4 refills cannot be established at this time.