

Case Number:	CM14-0084360		
Date Assigned:	07/25/2014	Date of Injury:	06/19/2009
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported an injury after he slipped and fell on 06/19/2009. The clinical note dated 05/14/2014 indicated diagnoses of spondylosis, with myelopathy of the lumbar, chronic; neck sprain/strain; degenerative lumbar disc; and chronic pain syndrome. The injured worker reported back and neck pain rated 8 out of 10 that was constant, burning, numbing, aching, and worse with activity. The injured worker reported anxiety and muscle stiffness. The injured worker reported his medications were helpful with decreasing pain and related anxiety and radicular pain into the leg. On physical examination of the lumbar spine, there was decreased painful range of motion at 70 degrees, a positive straight leg raise on the left, and a negative straight leg raise on the right. The injured worker had decreased sensation in the left L4-5 dermatome. The injured worker's treatment plan included proceed with MDE as authorized, discontinue Cialis, request for Prilosec, request to wean Cymbalta, and authorization for Norco. The injured worker's prior treatments include medication management. The injured worker's medication regimen included Cymbalta, Pamelor, Prilosec, Norco, Skelaxin, and Senokot. The provider submitted a request for Cymbalta and Cialis. A Request for Authorization dated 05/14/2014 was submitted for medications; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg, #5 Between 5/1/14 and 6/15/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cialis-drug.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The request for Cialis 5 mg, #5 between 5/1/14 and 6/15/14 is not medically necessary. The California MTUS guidelines state hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. As the physician discontinued Cialis, Cialis is not indicated at this time, and would not be medically necessary.

Cymbalta 60mg Between 5/1/14 and 6/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 60 mg between 5/1/14 and 6/15/14 is not medically necessary. According to the California MTUS guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). Although the injured worker does have neuropathy, the injured worker has rated his pain 8/10. There is no indication that the use of Cymbalta has resulted in significant diminished pain levels or functional improvement. In addition, the request does not indicate a frequency or quantity. Therefore, the request for Cymbalta is not medically necessary.