

Case Number:	CM14-0098357		
Date Assigned:	07/28/2014	Date of Injury:	06/24/1987
Decision Date:	08/28/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/26/2014

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 Management 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 is a male patient with the date of injury of June 24, 1987. A Utilization Review was performed on June 7, 2014 and recommended non-certification of 1 prescription of Provigil 200mg #30 and 1 prescription of Cialis 20mg #15. A Progress Report dated May 29, 2014 identifies Subjective Complaints of getting a lot more pain in left side. Has a new girlfriend, needs to get Cialis filled. Not getting sleep. Objective findings identify pain in (illegible) sided, muscle tension. Diagnoses identify persistent high level pain, marginal lumbar fusion/post laminectomy syndrome, and lumbar degenerative disc disease. Treatment Plan identifies refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #30: 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 (Chronic): Provigil, Modafinil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Regarding the request for Provigil, California MTUS and ACOEM do not contain criteria for the use of Provigil. ODG states the Provigil is not recommended solely to counteract sedation effects of narcotics. Provigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Provigil is not medically necessary.

Cialis 20mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc; 2005. Various p. [78 references], American Uro

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: Regarding the request for Cialis, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The national Library of Medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has responded to treatment with Cialis. Furthermore, there is no discussion regarding any comorbid medical conditions for which the use of Cialis would be contraindicated. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the currently requested Cialis is not medically necessary.