

Case Number:	CM14-0010865		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2011
Decision Date:	03/30/2015	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 31 year old male, who sustained an industrial injury on 5/3/11. He has reported back injury. The diagnoses have included hypogonadism, lumbosacral sprain/strain, lumbar facet arthropathy and lumbar degenerative disc disease. Treatment to date has included left knee surgery 2 times, aqua therapy and medications. Currently, the injured worker complains of sharp, dull/aching, throbbing, stabbing pain with numbness, pressure, burning, stinging and cramping, weakness and spasm in low back. On physical exam dated 1/7 14, the injured worker noted functional pain control with current medications regimen and self-produced aqua therapy. Physical exam revealed palpation and tenderness of paralumbar area bilaterally. On 1/21/14 Utilization Review non-certified Cialis 20mg #30 with 1 refill, noting inadequate documentation that the injured has a medical condition for sustained treatment with this medication and Some 350 mg #90 with 1 refill, noting it is not recommended for chronic use. The MTUS, ACOEM Guidelines, was cited. On 1/27/14, the injured worker submitted an application for IMR for review of Cialis 20mg #30 with 1 refill and Some 350 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20MG #30 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16529577>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/drug-tadalafil/article_em.htm

Decision rationale: Tadalafil relaxes muscles and increases blood flow to particular areas of the body. Tadalafil under the name of Cialis is used for the treatment of erectile dysfunction. There is no documentation that the patient impotence resulted from erectile dysfunction. Therefore the prescription of Cialis is not medically necessary.

SOMA 350MG #90 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for SOMA 350MG #90 WITH ONE (1) REFILL is not medically necessary.