

Case Number:	CM14-0120277		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2008
Decision Date:	02/12/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 11/21/08. A utilization review determination dated 7/15/14 recommends non-certification/modification of Soma and Cialis. 8/15/14 medical report identifies low back pain 7-8/10. Pain increase to "more" than 10/10 at night and he is not sleeping due to pain. Recommendations include medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the medication is a sedating muscle relaxant and there is no identification of a specific analgesic benefit or objective functional improvement as a result of prior use of the medication. Additionally, it does not appear that this medication is being prescribed for the short-

term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

Cialis 5mg #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cialis.html>.

Decision rationale: Regarding the request for Cialis, CA MTUS and ODG do not address the issue. FDA indications include the treatment of erectile dysfunction and the signs and symptoms of benign prostatic hyperplasia. Within the documentation available for review, there is no current indication of a supported diagnosis and no documentation of efficacy from prior use. In light of the above issues, the currently requested Cialis is not medically necessary.