

Case Number:	CM14-0210700		
Date Assigned:	12/23/2014	Date of Injury:	10/19/2008
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 42 year old male who was injured on 10/19/2008 while catching a falling television, involving his shoulder. He was diagnosed with neck sprain, rotator cuff syndrome, lateral epicondylitis, and carpal tunnel syndrome. He was treated with pain medications, shoulder surgery, and physical therapy. He was also diagnosed with insomnia, headaches, anxiety, depression, sexual dysfunction (due to pain in right shoulder/wrist causing pain during intercourse), and gastritis. A request for Norco and Tramadol as well as Cialis was request for UR on 11/5/14. The worker reportedly seen by her treating physician on 9/17/14, (although this progress note was not provided in the documents available for review) for the purpose of discussing his insomnia, sexual dysfunction, and gastritis. He was then recommended to continue Norco, take tramadol ER, and start Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was no record found in the documents provided for review of Tramadol ER use prior to this request. Considering they would be new prescriptions, documentation of a full review with goals, side effect risks, expected duration of treatment, and agreement to not abuse them should have been available for the reviewer to assess. If this was a request for renewal for Tramadol, there was insufficient evidence of benefit provided in the documents. Therefore, considering the information found in the documents provided, the use of Tramadol ER seems to be medically unnecessary.

Norco 10/325 mg Q8H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was no record found in the documents provided for review of Norco use prior to this request. Considering they would be new prescriptions, documentation of a full review with goals, side effect risks, expected duration of treatment, and agreement to not abuse them should have been available for the reviewer to

assess. If this was a request for renewal for Norco, there was insufficient evidence of benefit provided in the documents. Therefore, considering the information found in the documents provided the use of Norco both seem to be medically unnecessary.

Cialis 5 mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation National Guidelines clearinghouse

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: Medscape, tadalafil (<http://reference.medscape.com/drug/adcirca-cialis-tadalafil-342873>)

Decision rationale: Cialis is for the treatment of erectile dysfunction, benign prostatic hyperplasia, and pulmonary arterial hypertension. There was no MTUS Guidelines on this drug type to draw guidelines pertinent to this case and request. The causes of erectile dysfunction are neurologic (injury), psychological (most common), arterial atherosclerosis, and possibly side effects of medication (including opioids). In the case of this worker, records from 2012 suggested the sexual dysfunction was due to his chronic pain making it difficult to have intercourse (too painful), not that it was a side effect from a medication or directly from his injury in 2008. Although there was no documentation provided to help explain the request, the evidence provided does not suggest this medication is appropriate or medically necessary.