

Case Number:	CM14-0075167		
Date Assigned:	09/05/2014	Date of Injury:	03/11/2010
Decision Date:	01/02/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 44 year old male who sustained a work related injury on March 11, 2010 when he was hit by a motor vehicle on his left side and thrown approximately 9-12 feet landing on his buttocks, slid on a paint can and then landed on his back. After initial studies in an emergency room he was discharged. A previous accident from a second story fall in 1998 was documented in the report dated August 4, 2013 requiring a lumbar fusion. The report states that between 2011 and 2012, the injured worker had the hardware from the lumbar fusion removed, then again replaced due to increased symptomatology. A trial spinal cord stimulator with eventual permanent implantation was also placed in 2012. Failing to improve, the patient became clinically depressed and was treated accordingly. Current medications consist of Flexeril, Gabapentin, Hydrocodone/APAP 10/325 mg, Naproxen, Protonix, Prozac, Trazadone at night, Morphine 15mg extend release at noon, Morphine 30m extend release morning and night and Cialis as needed. On February 4, 2014 the injured worker received a sacrococcygeal ligament steroid injection due to increasing pain. The injured worker continues to experience chronic low back pain and is significantly disabled according to the treating physician's report of April 11, 2014. He remains permanent and stationary. The treating physician has requested prescriptions for Cialis 10mg #10, Flexeril 5 mg #90 and Hydrocodone/APAP 10/325 mg # 90. On April 23, 2014 the Utilization Review non-certified the prescription for Cialis 10mg #10, Flexeril 5 mg #90 and modified the prescription for Hydrocodone/APAP 10/325 mg # 90 to Hydrocodone/APAP 10/325 mg #68. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines along with alternative guidelines for Cialis since the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guideline (ODG) do not address the use of Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Cialis 10mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley I, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vadi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of urology (EAU); 2013 Mar. 54 p.

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: 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.

1 prescription for Flexeril 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: According to MTUS guidelines, Flexeril, 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 spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 5 mg # 90 is not medically necessary.

Hydrocodone/APAP 10/325mg #90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use and Wean.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow

specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. Therefore, the prescription of Hydrocodone/APAP tab 10/325mg is not medically necessary.