

Case Number:	CM15-0007408		
Date Assigned:	01/26/2015	Date of Injury:	09/23/2011
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 26, 2011. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve multiple prescriptions for Norco and also failed to approve a request for Cialis. The claims administrator referenced office visits of October 26, 2014 and September 26, 2014 in its determination, it was suggested. The applicant's attorney subsequently appealed. In a December 10, 2014 RFA form, Cialis and multiple prescriptions for Norco were endorsed. In an associated progress note of December 8, 2014, the applicant reported multifocal complaints of shoulder pain, hand pain, low back pain, and wrist pain. Ancillary psychological issues were also evident. The applicant was on Cialis, diclofenac gel, Norco, ThermaCare heat wraps, and Viagra, it was stated. The applicant was off of work, on total temporary disability, it was suggested. The applicant was overweight, with a BMI of 30. Norco and Cialis were endorsed. The attending provider stated that the applicant was stable and that the medications were allowing the applicant to perform activities of daily living. It was not stated which activities of daily living were specifically improved, however. Cialis was prescribed. It was not stated for what purpose Cialis was being endorsed or whether the attending provider intended to employ Cialis in conjunction with Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 180 (to be filled on 10/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged on the December 8, 2014 progress note on which Norco was renewed. The applicant was deemed disabled, it was stated on that date. While the attending provider stated that the medication was beneficial, the attending provider failed to outline any quantifiable decrements in pain or material, significant improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Norco 10/325 mg # 180(to be filled on 11/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Similarly, the request for Norco 10/325 mg #180 to be filled on November 18, 2014 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged on December 8, 2014. The applicant was deemed disabled, it was stated on that date. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage, it is noted. Therefore, the request was not medically necessary.

Norco 10/325 mg # 180 (to be filled on 1/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Similarly, the request for Norco 10/325 mg #180 to be filled on January 18, 2015 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged on December 8, 2014. The attending provider's progress note of December 8, 2014 failed to outline any material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Cialis 5mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby Consult. Tadalafil (Cialis)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: Finally, the request for Cialis, a phosphodiesterase inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Cialis, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. The MTUS Guideline in ACOEM Chapter 3, page 47 also notes that it is incumbent upon a prescribing provider to discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, however, the attending provider did not state for what purpose Cialis was being employed. The attending provider's December 8, 2014 progress note contained any references to issues with erectile dysfunction (if any) which may have supported usage of Cialis. The attending provider's progress note, furthermore, seemingly suggested that the applicant was concurrently using Cialis and Viagra. No clear rationale for the same was furnished. Therefore, the request was not medically necessary.