

Case Number:	CM15-0134549		
Date Assigned:	07/22/2015	Date of Injury:	11/27/1996
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 11/27/1996. He has reported injury to the low back. The diagnoses have included chronic low back pain; failed back surgery, lumbar; back pain, lumbar, with radiculopathy; myalgia; bilateral shoulder impingement syndrome; testicular hypofunction; chronic anxiety; chronic depression; chronic insomnia; and status post global fusion L4-5, L5-S1, in 2000. Treatment to date has included medications, diagnostics, heat, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Naproxen, Duragesic Patch, Capsaicin hot patch, Voltaren XR, Effexor, Zanaflex, Cymbalta, Ambien, Baclofen, and Lidoderm Patch. A progress report from the treating provider, dated 06/23/2015, documented an evaluation with the injured worker. Currently the injured worker complains of pain located in the bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees, and bilateral low back; the frequency of pain/spasticity is constant; the quality of pain is sharp, aching, shooting, stabbing, and electrical; the pain is made worse by lifting, sitting, bending, and physical activity; the pain is made better by rest, heat, medication, walking, and changing positions; the least pain with medications has been 6/10 in the last month; the average pain is 7/10; the worst pain has been 8/10 in the last month; he uses a cane; and he has been depressed, angry, anxious, and frustrated in the last 30 days. Objective findings have included antalgic gait; ambulates using a single-point cane; the point of maximum tenderness in the lumbar spine was at the lumbosacral junction; he is alert and cooperative; irritated mood and affect; and normal attention span and concentration. The

treatment plan has included the request for one (1) month supply of Cialis 10mg; and three (3) boxes of Capsaicin hot patches 0.025% with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month supply of Cialis 10mg: 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 PDR, cialis.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction. The provided records do not show evidence of erectile dysfunction proven as a result of industrial incident and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

Three (3) boxes of capsaicin hot patches 0.025% with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin Page(s): 28-29.

Decision rationale: The California MTUS section on capsaicin states; Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post- mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The provided records do show failure of multiple conservative first line treatment options, therefore the request is certified. Therefore, the requested treatment is not medically necessary.