

Case Number:	CM15-0137720		
Date Assigned:	07/27/2015	Date of Injury:	01/26/1999
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 66 year old male, who sustained an industrial injury on 01/26/1999. The injured worker is currently off work. The injured worker is currently diagnosed as having status post left total ankle replacement, osteoarthritis, and erectile dysfunction post sacral root injury. Treatment and diagnostics to date has included recent left ankle surgery and use of medications. In a progress note dated 07/01/2015, the injured worker presented with complaints of left knee joint pain. Objective findings include osteoarthritis of knees with crepitus. The treating physician reported requesting authorization for Cialis, Celecoxib, and an unknown trimix intracavernosal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #12 with 11 refills: 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 uptodate.com.

Decision rationale: MTUS and ODG are silent on the treatment of erectile dysfunction. Recommended management begins with identifying the underlying etiology, including drugs such as antidepressants or antihypertensive agents that may be causing or contributing to the erectile dysfunction (ED). Next, identifying and treating cardiovascular risk factors such as smoking, obesity, hypertension, and dyslipidemia, as both lifestyle measures and pharmacotherapy for risk factor reduction are sometimes effective for prevention and treatment of ED. Then initiating medical therapy. For first-line therapy, phosphodiesterase-5 (PDE-5) inhibitors are recommended because of their efficacy, ease of use, and favorable side effect profile. There is no evidence in the provided documentation that there was any evaluation of underlying etiology or any attempt to use lifestyle modifications to improve the ED. Additionally, the IW is seeing the provider every 3 months therefore the prescription with 11 refills is excessive. The request for Cialis 20mg #12 with 11 refills is not medically necessary.

Celecoxib 200mg #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 30, 67-73.

Decision rationale: Celebrex (Celecoxib) is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, and enzyme responsible for inflammation and pain. Celebrex is used for the "relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, [and] ankylosing spondylosis". "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients." "Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief of back pain...A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." In addition, under NSAIDs, GI symptoms & cardiovascular risk guidelines, it states that a COX-2 selective agent plus a PPI (proton pump inhibitor) are to be used with patients at high risk for gastrointestinal events with no cardiovascular disease if absolutely necessary. After review of the received medical records, there is no mention of any gastrointestinal complications or symptoms, other than being over the age of 65. In addition, there is no documentation of any adverse reaction with the use of first line non-steroidal anti-inflammatory drugs (NSAIDs), failure of NSAIDs, or functional improvement noted with the use of Celebrex. Therefore, based on the Guidelines and the submitted records, the request for Celebrex (Celecoxib) is not medically necessary.

Unknown trimix intracavernosal injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation European Association of Urology (EAU); National Guideline Clearinghouse (NGC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: MTUS and ODG are silent on the use of intrapenile injections for erectile dysfunction. In the United States, prostaglandin E1 is the only approved drug for penile self-injection. Trimix is a compound of phentolamine, papaverine and prostaglandin E1. Trimix is not recommended because of quality control concerns. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate.