

Case Number:	CM15-0166374		
Date Assigned:	09/04/2015	Date of Injury:	03/09/2000
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 3-9-00 when while using a forklift he was lifting barrels of ink waste when the barrels' fell on him. He noted pain in his neck, left shoulder, bilateral hands, wrists, chest, ribs, low back, knees and both ankles. He was medically evaluated, x-rays, and taken off work. He currently complains of neck pain radiating down bilateral upper extremities; intermittent thoracic back pain radiating to the left shoulder with intermittent numbness; low back pain radiating down the bilateral lower extremities. His pain level was 3-4 out of 10 with medications, 7-8 out of 10 without medications and was improved since last visit per 7-14-15 note. He reports sleep difficulties. He reports ongoing limitations with activities of daily living due to pain in the areas of self-care and hygiene, ambulation, hand function, sleep and sex. On physical exam of the thoracic spine there was tenderness on palpation, decreased sensation on the left. Medications were carisoprodol, Cialis, duloxetine, Lidocaine 5% patch, Lyrica, naproxen, tramadol, zolpedem, Prevacid, Flector 1.3% patch. Diagnoses include chronic pain; cervical radiculitis; thoracic disc degeneration; thoracic disc displacement; thoracic radiculitis; lumbar radiculitis; left shoulder pain; anxiety; depression; status post left shoulder surgery; status post bilateral elbow surgery. Treatments to date include medications; transcutaneous electrical nerve stimulator unit; physical therapy; cervical and lumbar epidural steroid injections times five; home exercise program. Diagnostics included MRI of the lumbar spine (6-2-15) showing posterior disc protrusion and degenerative changes, renal cysts; MRI of the thoracic spine (3-13-15) showing mild degenerative endplate changes, posterior disc bulge; multiple prior MRI's of the lumbar spine form 9-14-07;

electromyography, nerve conduction study (8-3-11) showing peripheral polyneuropathy; right shoulder x-ray (3-7-12) normal. In the progress note dated 7-14-15 the treating provider's plan of care included requests for Cialis 20mg#30 with 3 refill for erectile dysfunction attributed to work injury and ,or sequelae from treatment of his injury, in the 4-10-15 note the treating provider indicates that the injured worker is not experiencing sexual dysfunction; Flector 1.3% #60, per 3-25-15 note the injured worker has tried and was unable to tolerate oral non-steroidal anti-inflammatories yet the 7-14-15 note indicates that he is on naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Flector 1.3% patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, thoracic back pain radiating to the left shoulder with intermittent numbness, low back pain radiating down bilateral lower extremities, with pain rated 3-4/10 with medications and 7-8/10 without medications. The treater has asked for ONE (1) prescription for Flector 1.3% patch #60 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/10/15 are cervical radiculitis, lumbar radiculitis, left shoulder pain. The patient also reports difficulty sleeping per 7/14/15 report. The patient is s/p lumbar MRI that shows 2 posterior disc protrusions at L4-5 and L5-S1, a thoracic MRI that shows disc bulges at LT7-8 and 8-9 per 7/14/15 report. The patient is s/p physical therapy, 5 injections (cervical and lumbar), oral medication, and time off work but remained symptomatic per 4/10/15 report. The patient is s/p unspecified left shoulder surgery and bilateral elbow surgery with subsequent poster operative physical therapy per 4/10/15 report. The patient's work status is not working since 3/9/11 and is temporarily totally disabled per 4/10/15 report. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)". ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks". The treater has not specifically discussed this request. Review of the medical records shows the patient is s/p trial of Flector with significant reduction in pain and functional improvement per 3/17/15 report. Since then, the treater has not mentioned Flector or its effectiveness in reports dated 5/7/10, 6/4/15, 6/19/15, and 7/14/15. The patient continues with pain in the elbow and knee, for which this medication would be indicated. However, ODG guidelines do not support the use of Flector beyond two weeks, and this patient has been using Flector for 4 months. The request for Flector Patch #30 would exceed what is

recommended by ODG and does not meet guidelines indication. Therefore, the request is not medically necessary.

One (1) prescription for Cialis 20mg #30 with 3 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 AETNA Guidelines Clinical Polity Bulletin No. 0007.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, thoracic back pain radiating to the left shoulder with intermittent numbness, low back pain radiating down bilateral lower extremities, with pain rated 3-4/10 with medications and 7-8/10 without medications. The treater has asked for ONE (1) prescription for Cialis 20mg #30 with 3 refills but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/10/15 are cervical radiculitis, lumbar radiculitis, left shoulder pain. The patient also reports difficulty sleeping per 7/14/15 report. The patient is s/p lumbar MRI that shows 2 posterior disc protrusions at L4-5 and L5-S1, a thoracic MRI that shows disc bulges at LT7-8 and 8-9 per 7/14/15 report. The patient is s/p physical therapy, 5 injections (cervical and lumbar), oral medication, and time off work but remained symptomatic per 4/10/15 report. The patient is s/p unspecified left shoulder surgery and bilateral elbow surgery with subsequent poster operative physical therapy per 4/10/15 report. The patient's work status is not working since 3/9/11 and is temporarily totally disabled per 4/10/15 report. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. The patient is diagnosed with chronic pain other, cervical radiculitis, thoracic disc degeneration, thoracic disc displacement, thoracic radiculitis, lumbar radiculitis, left shoulder pain, anxiety, depression, and s/p left shoulder surgery per 7/14/15 report. The patient also presents with a history of enlarged prostate, a condition which is described as "self-reported" according to 6/19/15 report. Although the patient self reports a history of enlarged prostate, there is no diagnosis of erectile dysfunction, nor is there a physical examination of an enlarged prostate. There are no laboratory tests documenting patient's testosterone levels nor is there any documentation of how Cialis impacted the patient's pain and function. Furthermore, some guidelines such as the AETNA consider life-enhancing medications not medically necessary. The requested Cialis is not medically necessary.