

<b>Case Number:</b>	CM15-0196061		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California  
 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 39 year old male, who sustained an industrial injury on 10-01-2013. The injured worker is being treated for cervical sprain-strain, trapezial sprain-strain, lumbar sprain- strain, bilateral wrist sprain-strain, bilateral knee sprain-strain, and bilateral shoulder sprain- strain. Treatment to date has included diagnostics, medications and lumbar epidural injections. Per the Primary Treating Physician's Progress Report dated 8-20-2015 the injured worker reported continued stiffness and aching of the cervical spine, central lower back pain with radicular symptoms, slightly increased with epidural injections x 2, and he reports continued popping and difficulty reaching. The symptoms have remained the same. Objective findings of the lumbar spine included tenderness to palpation of the paraspinal musculature with spasm. There was also left shoulder tenderness to palpation. Per the submitted records for review, the IW has been prescribed Norco and Cialis since at least 2-24-2015. Per the medical records dated 2-24-2015 to 8-20-2015 there is not documentation of significant subjective or objective improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included continuation of medications and authorization was requested for Prilosec, Zanaflex, Remeron, Cialis and Norco. On 9-09-2015, Utilization Review non-certified the request for Cialis 10mg #10 and modified the request for Norco 5-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without mention of failure of weaning, Tylenol or Tricyclics. Long-term use is not indicated . Pain scores were not noted. Continued use is not medically necessary.

**Cialis 10mg QTY: 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Viagra.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 129.

**Decision rationale:** According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, there is no indication of a low testosterone. There is no mention of erectile dysfunction. The term sexual dysfunction as described in the chart is broad and vague. The sexual dysfunction was attributed to the back injury but the MRI of the spine does not indicate nerve involvement. Physical findings do not indicate hypogonadism. The use of Cialis is for erectile dysfunction. The continued use of Norco is not necessary and would alter the effect on testosterone. The use of Cialis is not medically necessary.