

Case Number:	CM15-0196781		
Date Assigned:	10/12/2015	Date of Injury:	10/08/2011
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	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 63 year old male who sustained an industrial injury on 10-8-2011. A review of medical records indicates the injured worker is being treated for status post laminectomy-discectomy L4-5, L5-S1, status post left knee arthroscopy, left knee total knee replacement, status post right knee TKR, and sexual impairment secondary to pain. Medical records dated 9-11-2015 noted he feels relief after surgery. He felt weakness and pain. Physical examination noted left knee range of motion extension at 0 degrees, flexion at 115 degrees. Right knee range of motion had extension at 0 degrees and flexion at 100 degrees. Left knee range of motion was unchanged from prior visit and right knee range of motion extension at 180 degrees and flexion 120 degrees on 8-4-2015. Treatment has included Norco and Cialis since at least 6-1-2015. Utilization review form dated 9-22-2015 noncertified Cialis 5mg #10 and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, 1 tab every 12 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic 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 documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Cialis 5mg #10: Upheld

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

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 due to pain as described in the chart is broad and vague. Physical examination does not note Hypogonadism. The above use of Norco is not medically necessary. Determination of response to sexual function without Norco is unknown. Cialis, therefore, is not medically necessary.