

Case Number:	CM15-0209479		
Date Assigned:	10/28/2015	Date of Injury:	04/29/1998
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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: Emergency 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:

This is a 50-year-old male with a date of industrial injury 4-29-1998. The medical records indicated the injured worker (IW) was treated for degeneration of cervical intervertebral disc and chronic low back pain. In the progress notes (9-4-15), the IW reported cervical spine pain. Medications included Cialis (since at least 4-2015), Norco, Lexapro, Topamax and Ambien. On examination (9-4-15 notes), focal trigger points were noted in the upper left trapezius. Treatments included trigger point injections, with 50% reduction in pain lasting two to three months and medications. The IW was “permanent and stationary” and was not working. The description of the focal trigger points did not include a twitch response. There was also no documentation of the presence of a medical condition requiring the use of Cialis. A Request for Authorization was received for Cialis (Tadalafil) 20mg, #40 and trigger point injections with anesthetic and steroid to the upper portion of the trapezius. The Utilization Review on 9-24-15 non-certified the request for Cialis (Tadalafil) 20mg, #40 and trigger point injections with anesthetic and steroid to the upper portion of the trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis (Tadalafil) 20mg #40: 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 Up-to-date Evaluation of male sexual dysfunction.

Decision rationale: The requested Cialis (Tadalafil) 20mg #40, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, Up-to-date Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has cervical spine pain. Medications included Cialis (since at least 4-2015), Norco, Lexapro, Topamax and Ambien. On examination (9-4-15 notes), focal trigger points were noted in the upper left trapezius. Treatments included trigger point injections, with 50% reduction in pain lasting two to three months and medications. The IW was “permanent and stationary” and was not working. The description of the focal trigger points did not include a twitch response. There was also no documentation of the presence of a medical condition requiring the use of Cialis. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Cialis (Tadalafil) 20mg #40 is not medically necessary.

Trigger point injections with anesthetic and steroid to the upper portion of trapezius:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The requested Trigger point injections with anesthetic and steroid to the upper portion of trapezius, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose)." The injured worker has cervical spine pain. Medications included Cialis (since at least 4-2015), Norco, Lexapro, Topamax and Ambien. On examination (9-4-15 notes), focal trigger points were noted in the upper left trapezius. Treatments included trigger point injections, with 50% reduction in pain lasting two to three months and medications. The IW was “permanent and stationary” and was not working. The description of the focal trigger points did not include a twitch response. The criteria noted above not having been met, trigger point injections with anesthetic and steroid to the upper portion of trapezius is not medically necessary.