

Case Number:	CM15-0044022		
Date Assigned:	03/13/2015	Date of Injury:	03/09/2000
Decision Date:	04/23/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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 March 9, 2000. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having cervical radiculitis, chronic pain, lumbar radiculopathy, left shoulder pain, and anxiety. Treatment to date has included left shoulder surgery, and medications. On January 20, 2015, complains of neck pain with radiation into the upper extremities, thoracic back pain with radiation into the left shoulder, low back pain with radiation into the lower extremities. He rates his upper extremity pain as 4-5/10 with medications, and 7-8/10 on a pain scale without medications. The records indicate there has been no change in his pain level since his last visit. He is noted to have tenderness in the thoracic and lumbar spine areas. A magnetic resonance imaging of the lumbar spine was completed on December 10, 2012, and revealed disc protrusion/extrusion. The treatment plan includes the request of a hospital bed, nurse evaluation for home care, and Cialis 20mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Hospital Bed: 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) - Low Back (Chronic & Acute).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, under Mattress Selection hospital bed, Aetna guidelines.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities, thoracic pain radiating to bilateral shoulders, and low back pain radiating to bilateral lower extremities. The request is for Prospective 1 Hospital Bed. Physical examination to the thoracic spine on 01/20/15 revealed tenderness to palpation to the left paravertebral region. Physical examination to the lumbar spine revealed tenderness to palpation in the bilateral paravertebral muscles L4-S1 levels. Patient's diagnosis, per 01/20/15 progress report include cervical radiculitis, chronic pain other, lumbar radiculopathy, left shoulder pain, anxiety, status post left shoulder surgery, rule out recurrent left shoulder internal derangement. Per 01/20/15 progress report, patient's medications include Ambien, Carisoprodol, Lidoderm 5% Patch, Naproxen, Cialis, Prevacid, Ultram, Cymbalta, Flector Patch and Lyrica. Patient is currently not working. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" Regarding hospital bed, Aetna guidelines states "hospital beds medically necessary" if the patient condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration; and the patient's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed. In this case only one progress report was provided. The treater does not discuss this request. Patient is suffering from neck pain radiating to bilateral upper extremities, thoracic pain radiating to bilateral shoulders, and low back pain radiating to bilateral lower extremities. ODG does not support any type of specialized mattress or bedding as a treatment for low back pain. There is no mention of pressure ulcers that would warrant a special support surface. The treater has not documented that the patient presents with congestive heart failure, chronic pulmonary disease, or problems with aspiration, to meet the criteria required by AETNA guidelines. In this case, the request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.

Prospective: Cialis 20mg, #30, 5 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 regarding erectile dysfunction.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities, thoracic pain radiating to bilateral shoulders, and low back pain radiating to bilateral lower extremities. The request is for Prospective: Cialis 20 Mg, # 30, 5 Refills. Physical examination to the thoracic spine on 01/20/15 revealed tenderness to palpation to the left paravertebral region. Physical examination to the lumbar spine revealed tenderness to palpation in the bilateral paravertebral muscles L4-S1 levels. Patient's diagnosis, per 01/20/15 progress report include cervical radiculitis, chronic pain other, lumbar radiculopathy, left shoulder pain, anxiety, status post left shoulder surgery, rule out recurrent left shoulder internal derangement. Per 01/20/15 progress report, patient's medications include Ambien, Carisoprodol, Lidoderm 5% Patch, Naproxen, Cialis, Prevacid, Ultram, Cymbalta, Flector Patch and Lyrica. Patient is currently not working. 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. In this case only one progress report was provided. The treater does not discuss this request in the report provided. Patient's diagnosis, include cervical radiculitis, chronic pain other, lumbar radiculopathy, left shoulder pain, anxiety, status post left shoulder surgery, rule out recurrent left shoulder internal derangement. In regards to the request for Cialis, the guidelines do not support performance enhancing drugs. There does not appear to be any medical indication for the use of this medication as no organic causes of erectile dysfunction are discussed. Therefore, the request is not medically necessary.