

Case Number:	CM15-0045438		
Date Assigned:	03/18/2015	Date of Injury:	11/09/2010
Decision Date:	05/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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, Florida
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 55-year-old male who reported an injury on 11/09/2010. The mechanism of injury was not provided. The diagnoses included lumbago, cervical disc degeneration, lumbar/lumbosacral disc degeneration, and depressive disorder, NOS. The injured worker was noted to undergo urine drug screens. There was no physician documentation or Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of

objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review was a urine drug screen. As such, the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/acetaminophen 5/325 mg #20 is not medically necessary.

Cialis (Tadalafil) 2.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation International Journal Clinical Practice, Tadalafil (Cialis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=Cialis&a=1.

Decision rationale: The California Medical Treatment Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. Testosterone replacement for hypogonadism (related to opioids). The do not specifically address Cialis or erectile dysfunction. As such, additional guidelines were sought. Per Drugs.com Cialis is used to treat erectile dysfunction (impotence) and symptoms of benign prostatic hypertrophy (enlarged prostate). The clinical documentation submitted for review failed to provide documentation the injured worker had erectile dysfunction and failed to provide documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There as a lack of documentation indicating the injured worker had a necessity for 3 refills without re-evaluation. Given the above, the request for Cialis (tadalafil) 2.5 mg #30 with 3 refills is not medically necessary.

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation the injured worker had 30% to 50% pain relief and had objective functional benefit with the use of the medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There

was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for gabapentin 600 mg #90 with 3 refills is not medically necessary.

Tizanidine HCL 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support a necessity for 3 refills without re-evaluation. Given the above and the lack of documentation, the request for tizanidine hydrochloride 4 mg #60 with 3 refills is not medically necessary.