

Case Number:	CM15-0051301		
Date Assigned:	03/24/2015	Date of Injury:	10/01/2013
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 38-year-old male, who sustained an industrial injury on October 1, 2013. The injured worker had reported neck and back pain. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy and cervical/trapezial musculoligamentous sprain/strain. Treatment to date has included medications, radiological studies, epidural steroid injections, physical therapy, chiropractic care, acupuncture treatments and a home exercise program. Current documentation dated February 24, 2015 notes that the injured worker reported low back pain. Physical examination of the lumbar spine revealed tenderness to palpation greater on the right side. A sacroiliac stress test, Kemp's test and a straight leg raise test were positive. Range of motion was noted to be decreased. The treating physician's plan of care included a request for the medications Norco, Fexmid and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain with muscle spasms, neck pain that went into the arm, an unspecified sexual dysfunction, heartburn, and constipation. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Cialis 10mg quantity 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tadalafil: Drug information. Topic 10108, version 104.0. Up-To-Date, accessed 02/09/2015.

Decision rationale: Cialis (tadalafil) is a medication in the phosphodiesterase-5 enzyme inhibitor class. The MTUS Guidelines are silent on this issue. Tadalafil is FDA-approved for the treatment of benign prostate hyperplasia (a large prostate gland that is not due to cancer), erectile dysfunction, and pulmonary hypertension. The submitted and reviewed documentation indicated the worker was experiencing an unspecified sexual dysfunction, among other issues. However, there was no recorded assessment of this issue, suggestion of benefit from tadalafil, or exploration of its potential negative effects. In the absence of such evidence, the current request for ten tablets of Cialis (tadalafil) 10mg is not medically necessary.

Fexmid 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Fexmid (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain with muscle spasms, neck pain that went into the arm, an unspecified sexual dysfunction, heartburn, and constipation. These records indicated the worker had been taking this medication for a prolonged amount of time, and there were no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. Further, the request is for an indefinite supply, which would not account for changes in the worker's care needs. In the absence of such evidence, the current request for an indefinite supply of Fexmid (cyclobenzaprine) 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.