

Case Number:	CM15-0052294		
Date Assigned:	03/25/2015	Date of Injury:	11/16/2008
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/19/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 70-year-old male who reported an injury on 11/16/2008. The mechanism of injury was not provided. His diagnoses were noted as major depressive disorder, generalized anxiety disorder, and insomnia. During the assessment on 03/17/2015, the injured worker complained of pain that had gotten worse since his last visit. He indicated that the low back pain was constant and radiated down into the right leg. He also reported associated tingling and numbness in the affected leg. He indicated that the pain was aggravated by standing and alleviated by sitting down. He rated his pain a 7/10. During the physical examination, palpation of the back demonstrated no tenderness. The lumbar range of motion was normal in flexion and extension. The treatment plan and rationale were not provided. The Request for Authorization form was dated 03/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30 with 5 refills: 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-TWC); MTUS, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: The request for Cialis 5 mg #30 with 5 refills is not medically necessary. The California MTUS Guidelines recommend testosterone replacement in hypogonadism in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. However, the clinical documentation did not indicate or provide evidence that the injured worker had a low testosterone level. There was no documentation in regard to efficacy to warrant the need for refills. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Cialis 10mg to 20 mg #12 with 5 refills: 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-TWC); MTUS, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: The request for Cialis 10 mg is not medically necessary. The California MTUS Guidelines recommend testosterone replacement in hypogonadism in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. However, the clinical documentation did not indicate or provide evidence that the injured worker had a low testosterone level. There was no documentation in regard to efficacy to warrant the need for refills. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Rapaflo 8mg #30 with 5 refills: 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-TWC); MTUS, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for Rapaflo 8 mg is not medically necessary. The website Drugs.com indicates that Rapaflo, belongs to a group of drugs called alpha-adrenergic blockers. Rapaflo helps relax the muscles of the prostate and bladder neck, making it easier to urinate. Rapaflo is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate). However, the clinical documentation did not indicate that the injured worker was diagnosed with benign prostatic hyperplasia. There was no documentation providing the

efficacy of the medication to warrant the need for refills. Additionally, the frequency was not provided. As such, the request is not medically necessary.

One follow-up visit: 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-TWC); MTUS, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for 1 follow-up visit is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The requested 1 follow-up visit would be supported as evaluation and management is recommended. However, as the previous requests were found not medically necessary, the request for 1 follow-up visit is also not supported. As such, this request is not medically necessary.