

<b>Case Number:</b>	CM15-0052806		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 3, 1998. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve a request for Norco and Cialis. The claims administrator referenced an RFA form of February 16, 2015 and a progress note of February 5, 2015 in its determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant is status post earlier cervical spine surgery and lumbar spine surgery, it was acknowledged. It was suggested that the applicant had returned to work with restriction in place. Norco and Cialis were renewed, without explicit discussion of efficacy. It was not clearly stated for what purpose Cialis was being employed. At the bottom of the report, it was stated that the applicant was unimproved. The applicant was described as explicitly denying issues with sexual dysfunction in the review of systems section of the report. In a December 4, 2014 progress note, the applicant again reported ongoing complaints of neck and low back pain. The applicant was described as denying any issues with sexual dysfunction in the review of systems section of the note. It was suggested that the applicant had returned to work with restrictions in place on this occasion. Medication selection and medication efficacy were not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20 mg, fifteen count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

**Decision rationale:** No, the request for Cialis, a 5-phosphodiesterase inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, it is not clearly stated for what purpose Cialis was being employed. While the American Urologic Associates (AUA) does acknowledge that 5-phosphodiesterase inhibitors such as Cialis are a first-line therapy for erectile dysfunction, in this case, however, the applicant was described as explicitly denying issues with erectile dysfunction on the February 5, 2015 progress note on which Cialis was endorsed. No rationale for introduction and/or ongoing usage of Cialis was furnished here. Therefore, the request was not medically necessary.

**Norco 10/325 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the attending provider did suggest that the applicant had returned to work on the February 5, 2015 progress note on which Norco was seemingly renewed, the attending provider did not otherwise discuss medication efficacy. At the bottom of the report, it was stated that the applicant was unimproved, despite ongoing Norco usage. The attending provider did not, in short, identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. The attending provider's commentary on February 5, 2015 to the effect that the applicant was unimproved with ongoing Norco usage did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.