

Case Number:	CM15-0055381		
Date Assigned:	03/30/2015	Date of Injury:	11/27/1996
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona

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 62-year-old male who reported injury on 11/27/1996. The mechanism of injury was not provided. The documentation of 03/03/2015 revealed the injured worker had high level low back and bilateral shoulder pain and depression. The pain was located in the bilateral arms, bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees, and bilateral low back. The injured worker indicated that the frequency of pain and spasticity had worsened. The surgical history included a vasectomy x2 with 1 reversal, hypertension that was noted to be no longer since discontinuation of Vioxx, and the injured worker was noted to have obstructive sleep apnea with the use of a CPAP machine. The injured worker did not complain of difficulty starting urination or pain with urination. The medications were noted to include Lidoderm 5% patches, Duragesic 100 mcg per hour patch, Duragesic 75 mcg per hour patch, Norco 10/325 mg, Ambien 10 mg, Ambien CR 12.5 mg, Cymbalta 60 mg, Naprosyn 500 mg tablets, Zanaflex 6 mg tablets, Effexor XR 75 mg, Zonegran 100 mg, terazosin hydrochloride 5 mg, diphenhydramine hydrochloride 50 mg capsules, Thermophore arthritis large pads, Cialis 10 mg, Levothroid 125 mg, AndroGel pump, and Voltaren XR 100 mg. The prescriptions were given for Cialis 10 mg 1 per day as needed #20 x3, Thermophore arthritis pads 1 box x3, diphenhydramine hydrochloride 50 mg capsules 1 by mouth 2 times a day for itching #60 x3, terazosin hydrochloride 5 mg 1 to 2 by mouth at bedtime #60 x3, Zonegran 100 mg 4 times a day #120 x3, Effexor XR 75 mg capsules 3 per day #90 x3, and Zanaflex 6 mg 1 tablet every 12 hours as needed for muscle spasms #60 x3. The physical examination revealed the injured worker was in acute distress but had no signs of over medication. The point of maximum tenderness in the lumbar spine was at

the lumbosacral junction. The diagnoses included low back pain chronic, failed back surgery, lumbar back pain with radiculopathy, xerostomia, testicular hypofunction secondary to opioid, and erectile dysfunction secondary to medication, as well as anxiety chronic, depression chronic, and insomnia chronic. The treatment plan included the use of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin Hydrochloride 5mg quantity 60 with three 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-Low Back Chapter-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/terazosin.html>.

Decision rationale: Per drugs.com, terazosin is used to treat hypertension or to improve urination in men with benign prostatic hyperplasia. The clinical documentation submitted for review failed to indicate the injured worker had benign prostatic hyperplasia. There was a lack of documentation of exceptional factors. 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 Terazosin Hydrochloride 5mg quantity 60 with three refills is not medically necessary.

Thermophore Pads, one box with three 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-Low Back Chapter-Lumbar and Thoracic (Acute and Chronic)-Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The ACOEM Guidelines indicate that at home local applications of cold in the first few days of acute complaint are appropriate and thereafter applications of heat or cold. There was a lack of documentation indicating the injured worker could not utilize at home applications of heat. The request as submitted failed to indicate the frequency for the requested Thermophore pads. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Thermophore Pads, one box with three refills is not medically necessary.

Cialis 10mg quantity 20 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL: <http://www.guideline.gov> - Treatment Guideline Statements.

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 Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/search.php?searchterm=Cialis&a=1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend testosterone replacement in limited circumstances for injured workers taking high dose long term opioids with documented low testosterone levels. The referenced guidelines do not address Cialis. As such, tertiary 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 for the efficacy of the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cialis 10mg quantity 20 with three refills is not medically necessary.

Diphenhydramine Hydrochloride 50mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines CRPS, medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Benadryl&a=1>.

Decision rationale: The Official Disability Guidelines indicate that sedating antihistamines have been suggested for sleep aids. However, the physician documentation indicated the injured worker was utilizing the medication for itching. As such, tertiary guidelines were sought. Per drugs.com, Benadryl is used to treat sneezing, runny nose, itchy watering eyes, hives, rashes, itching, and other symptoms of allergies and the common cold. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. The rationale for use was for itching. However, the clinical documentation submitted for review failed to provide documentation of exceptional factors. 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, without the documentation of efficacy, the request for Diphenhydramine Hydrochloride 50mg quantity 60 with three refills is not medically necessary.