MAXIMUS Federal Services

Case Number:	CM15-0083217		
Date Assigned:	05/05/2015	Date of Injury:	10/05/2011
Decision Date:	07/14/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45-year-old male, who sustained an industrial injury on 10/05/2011. He has reported subsequent low back pain and was diagnosed with lumbar herniated disc. Treatment to date has included oral pain medication, physical therapy, TENS unit and surgery. In a progress note dated 04/10/2015, the injured worker complained of low back pain radiating to the lower extremities that was rated as 9-10/10 without medication and 7-8/10 with medication. Objective findings were notable for tenderness in the paraspinal muscles of the mid and lower lumbar spine, decreased range of motion and palpable spasm, decreased sensation in the left posterior leg, left sided low back pain with straight leg raise and mildly antalgic gait. The physician noted that Lunesta had been helpful at night due to insomnia. The injured worker was noted to have been taking Lunesta since at least 12/05/2014. The physician also noted that injured worker was also having sexual dysfunction, had been unable to maintain and erection and thought it might be secondary to pain. A request for authorization of Cialis and Lunesta was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #10 Refill: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbl.nlm.nih.gov/pmc/ articles/PMC2643112/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/books/ NBK38725/Diagnosis and Treatment of Erectile Dysfunction and http://www.cialis. com/.

Decision rationale: Cialis 20mg #10 Refill: 3 is not medically necessary per an online review of this medication. A review of Cialis online states that this medication is used to treat erectile dysfunction. A review of Diagnosis and Treatment of Erectile Dysfunction online states that in many patients the cause of erectile dysfunction may be a combination of psychological and organic factors. The review also states that efficacy of treatment reveals that treatment effectiveness consists of two dimensions: treatment response and treatment satisfaction. The request for 3 refills of a medication that the patient has not tried before without assessing efficacy as well as beginning this medication without a thorough evaluation of potential etiologies of this patient's condition is not medically necessary.

Lunesta 2mg #30 Refill: 3: 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), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- Eszopicolone (Lunesta).

Decision rationale: Lunesta 2mg #30 Refills: 3 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Lunesta is not recommended for long-term use, but recommended for short-term use. The ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. The documentation does not reveal extenuating circumstances, which would necessitate using this medication long-term therefore the request for Lunesta with 3 refills is not medically necessary.