

<b>Case Number:</b>	CM15-0084828		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/08/1983
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 63-year-old who has filed a claim for chronic low back pain with derivative complaints of depression, anxiety, alleged systemic lupus erythematosus, posttraumatic headaches, hypertension, and sexual dysfunction reportedly associated with an industrial injury of December 8, 1983. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for tadalafil, Cialis, Ativan, and OxyContin. The claims administrator referenced an April 21, 2015 RFA and associated March 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The applicant, it was incidentally noted, apparently took exception to the Utilization Review decision, stating that the utilization reviewer had not personally evaluated him. In a March 30, 2015 progress note, the applicant was described as having been stable on his current regimen for many years. The applicant's medical history was notable for closed head injury in 1983, hypertension, low back pain, lupus, and a history of melanoma. The applicant was status post an appendectomy, it was acknowledged. The applicant was on Ativan three times daily, Cymbalta twice daily, Cialis once daily, OxyContin four times daily, prednisone once daily, Zestril twice daily, calcium three times a day, various dietary supplements and vitamins multiple times a day, tadalafil once a day, and Zestril twice daily. The applicant's BMI was 30. Multiple medications were continued and/or renewed, without any explicit discussion of medication efficacy. The applicant exhibited a flat affect. The attending provider suggested that the applicant pursue a Medical-legal Evaluation to determine the need for the medications in question. On March 12, 2015, the attending provider stated that the applicant had recently been approved for disability. The attending provider again

stated that the applicant's medications have been helpful for the preceding 8-10 years but, once again, did not elaborate further. Ativan was started at a rate of three times a day, it was stated toward the bottom of the note. It was also suggested, somewhat incongruously, that Ativan was one of the applicant's current medications in the medications section of the note. On August 13, 2014, it was again stated that the applicant needed medication refills prior to embarking upon a trip. The applicant was apparently taking OxyContin four times daily, Cialis once a day, prednisone once a day, Cymbalta one every other day, Plaquenil twice daily, Zestril twice daily, Ativan three times a day, various dietary supplements, tadalafil once a day, and Zestril twice daily. Once again, no discussion of medication efficacy transpired.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tadalafil 5mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley I, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. 54 p. (The format of this guideline does not specify chapters or sections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 7. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> Erectile Dysfunction The Management Of Erectile Dysfunction (2005) Phosphodiesterase Type 5 (PDE5) Inhibitors Standard.

**Decision rationale:** No, the request for tadalafil was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. The American Urologic Association (AUA), while noting that 5 phosphodiesterase inhibitors such as tadalafil do represent a first line of therapy for erectile dysfunction, does qualify its position by noting that applicants on 5 inhibitor therapy should be periodically followed up upon to determine efficacy and/or presence or absence of side effects. Here, however, no discussion of medication efficacy transpired. The attending provider simply stated in a nondescript and bland manner that the applicant's various medications were helpful

but did not state whether or not ongoing usage of tadalafil had or had not ameliorated the applicant's allegations of erectile dysfunction. It was not clearly stated why the applicant was using two separate 5 phosphodiesterase inhibitors, namely generic tadalafil and brand-name Cialis, i.e., what amounted to the same drug. It was not clearly stated why the applicant was using both generic tadalafil and brand-name Cialis on a daily basis as opposed to on as-needed basis. Therefore, the request was not medically necessary.

### **Cialis 5mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley I, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. 54 p. (The format of this guideline does not specify chapters or sections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 7. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> Erectile Dysfunction The Management Of Erectile Dysfunction (2005) Phosphodiesterase Type 5 (PDE5) Inhibitors Standard.

**Decision rationale:** Similarly, the request for brand-name Cialis was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Finally, while the American Urologic Association (AUA) does acknowledge that 5 phosphodiesterase inhibitors such as Cialis do represent the first line of therapy for erectile dysfunction, the AUA qualifies its position by noting that applicants should be periodically followed up upon to determine the efficacy of 5 phosphodiesterase inhibitor therapy. Here, however, the attending provider did not state why the applicant was using both generic tadalafil and brand-name Cialis (i.e., equivalent medications) on a daily basis. The attending provider did not explicitly state that these medications had ameliorated the applicant's allegations of erectile dysfunction. While the attending provider stated in a nondescript manner that the applicant's various medications were helpful, the attending provider never explicitly stated that Cialis had proven effective in attenuating allegations of erectile dysfunction. The attending provider did not, furthermore, state why the applicant was using generic tadalafil and brand-name Cialis (tadalafil) on what amounted to a daily basis as opposed to an as-needed basis, before sexual activity. The information on file, in

short, failed to support or substantiate the request. Therefore, the request was not medically necessary

**Ativan 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402.

**Decision rationale:** Similarly, the request for Ativan, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be employed for brief periods, in cases of overwhelming symptoms, here, however, the attending provider and/or applicant were seemingly intent on employing Ativan for chronic, long-term, and/or thrice daily use purposes, for anxiolytic effect. This was not, however, an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

**OxyContin 60mg:** Upheld

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

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

**Decision rationale:** Finally, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that 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, however, the applicant was off of work, as suggested above. The applicant had received both Workers Compensation indemnity benefits and had ultimately been approved for Social Security Disability Insurance benefits, the treating provider reported above. While the attending provider stated in a nondescript manner that the applicant's various medications were helpful, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.