

<b>Case Number:</b>	CM14-0115158		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53 year old male with a date of injury on 7/10/2010. Subjective complaints are of neck, and back pain radiating to the thighs, and left knee pain. The patient is status post left knee surgery on 12/9/13. Physical exam shows decreased range of motion of the knee, and tenderness over the medial joint line with a positive McMurray's sign. Medications include MiraLax, Cialis, Colace, Flexeril, Ultram, melatonin, Topamax, and Zoloft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 25mg #4:** Upheld

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

**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: FDA: CIALIS [www.drugs.com](http://www.drugs.com)

**Decision rationale:** CA MTUS and the ODG are silent on the use of Cialis. FDA information on Cialis identifies its use for erectile dysfunction or symptoms of benign prostatic hypertrophy. The submitted documentation does indicate the intended usage of Cialis or present any

discussion or objective findings of erectile dysfunction or urological problems. Therefore, the Cialis 25mg #4 is not medically necessary and appropriate.

**MiraLax 17mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: MIRALAX [www.drugs.com](http://www.drugs.com)

**Decision rationale:** CA MTUS recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records note that the patient uses this to treat his constipation on an as needed basis. MiraLax prescribing information states that MiraLax can be used as a laxative for occasional constipation or irregular bowel movements. Since guidelines recommend use of medications for treatment of constipation with opioid use, the request for MiraLax 17mg #30 is medically necessary and appropriate.

**Zoloft 50mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, ANTIDEPRESSANTS

**Decision rationale:** Zoloft is a SSRI antidepressant. CA MTUS suggests that SSRIs may have a role in addressing psychological symptoms associated with chronic pain. SSRIs specifically do not have a defined indication for chronic pain; as do other antidepressants (tri-cyclics, or SNRIs). The CA MTUS and ODG identify approval of SSRI for treatment of anxiety and depression. The submitted documentation identifies a diagnosis of depression. Therefore, the Zoloft 50mg #60 is medically necessary and appropriate.