

Case Number:	CM14-0140794		
Date Assigned:	09/10/2014	Date of Injury:	01/13/2003
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 45 year old male with an injury date of 01/13/03. The 07/28/14 progress report by [REDACTED] states that the patient presents with back pain radiating from the lower back down both legs and lower backache. With medications pain is rated 6/10 and without 9/10. The patient states that medications work well. Examination reveals the patient has slowed and antalgic gait. Range of motion is restricted on the thoracic spine with flexion and distension. For the lumbar spine, "on palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both the sides." Gaenslen's and Faber tests are positive, and lumbar facet loading is positive on both sides. Tenderness to palpation is noted over the lateral epicondyle of the right elbow. Full range of motion of the left elbow is limited due to pain and there is tenderness to palpation over the lateral epicondyle, medial epicondyle and olecranon process. Current medications are listed as Zanaflex, Cialis, Percocet, Butrans patch, Dexilant, Wellbutrin, Namenda, Ativan, and Remeron. The utilization review being challenged is dated 08/19/14. Treatment reports were provided from 01/14/13 to 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg, qty 6: Overturned

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.

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: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury

Decision rationale: The patient presents with pain radiating from the lower back down both legs rated 6-9/10. The treater requests for Cialis 20 mg qty 6. It is unknown how long the patient has been taking this medication. It appears on treatment reports from 01/14/13 to 07/28/14. The 07/06/12 AME states the applicant has sexual dysfunction with a loss of penile turgor. The patient is noted to state that sexual intercourse is rare and difficult; however, after taking Cialis he is able to have a normal functional erection and have intercourse. No other reports discussed the efficacy of this medication. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. The treater notes that this medication is to be taken 1 hour prior to sexual activity as needed. The use and efficacy of this medication has been sufficiently documented. The request is medically necessary.

Dexilant DR 60mg, qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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: I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury

Decision rationale: The patient presents with pain radiating from the lower back down both legs rated 6-9/10. The treater requests for Dexilant /formerly Kapidex (Dexlansoprazole) 60 mg qty 30. The 06/30/14 treatment plan states that this is a trial medication for GI upset/reflux due to chronic use of pain medications. Prior to this the patient had been using Prilosec (omeprazole). MTUS and ODG do not reference this medication. The National Library of Medicine, National Institutes of Health classify Dexilant as a Proton Pump Inhibitor used for the treatment of gastroesophageal reflux disease. Please see <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a609017.html>. The treater has documented

GI upset in this patient. The trial of this medication seems reasonable. The request is medically necessary.