

Case Number:	CM14-0161149		
Date Assigned:	10/06/2014	Date of Injury:	04/19/2006
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management, 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 injured worker is a 58-year old gentleman who injured his low back in a work-related accident on 04/19/06. The medical records provided for review documented in a 09/04/14 assessment that the injured worker continued with subjective complaints of low back pain radiating to the left leg and that he is unable to work. It was documented that the injured worker has a past medical history of hypertension, benign prostatic hypertrophy and hyperlipidemia. Physical examination revealed a well-healed incision from prior surgery, restricted range of motion, equal and symmetrical reflexes, and no motor or sensory loss. The injured worker's diagnosis was status post L4-5 lumbar fusion with continued pain complaints. The recommendation was for continued use of Percocet, Lyrica, Ibuprofen, Flexeril, Cialis and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20 mg, #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.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 Other Medical Treatment Guideline or Medical

Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643112/> Tadalafil in the treatment of erectile dysfunction

Decision rationale: California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines do not provide criteria relevant to this request. According to current clinical literature, the indication for erectile dysfunction is not documented as a work-related diagnosis or in direct relationship with the injured worker's low back related complaints. The documentation indicates that the injured worker's past medical history is consistent with hypertension, BPH, and hyperlipidemia. The role of this agent for work-related condition would not be supported. Therefore, this request is not medically necessary.

Flexeril 10 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN; ANTISPASMODICS Page(s): 63; 64.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support continued use of Flexeril. According to the Chronic Pain Guidelines, muscle relaxants should be utilized with caution and only as second line agents in the acute inflammatory setting. While the medical records document that the injured worker has chronic pain related complaints, there is no documentation of acute symptomatic findings or documentation that first line treatment for an acute symptomatic flare has failed. Continued use of muscle relaxants on a chronic basis for the injured worker's current clinical diagnosis cannot be supported; therefore, the request is not medically necessary.