

Case Number:	CM14-0093269		
Date Assigned:	07/25/2014	Date of Injury:	07/28/2009
Decision Date:	09/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation 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 48-year-old male who reported an injury on 07/28/2009; while he was adjusting a part of his vehicle he suddenly felt a sharp pain in the low back. Diagnoses were lumbar/lumbosacral disc degeneration, lumbar radiculopathy, myalgia and myositis, sleep disorder chronic, tobacco use disorder. Past treatments reported were physical therapy, and the injured worker does go to the gym. Diagnostic studies were not reported. Past surgeries were right trochanteric bursa injection. Physical examination on 06/10/2014 revealed decrease range of motion for the lumbar spine of flexion and extension. Range of motion for extremities revealed normal for major joints. The 4 A's for the use of opiate medication was reported. Examination revealed antalgic gait. The injured worker has some difficulty with transfers from sitting to standing. Medications were Oxycodone-Acetaminophen, 10/325 mg, Klonopin 0.5 mg and Cialis. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Klonopin 0.5 mg, quantity 6, is not medically necessary. The California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. This request is not medically necessary.

Cialis 20mg, QTY: 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation nlm.nih.gov/dailymed - CIALIS (tadalafil) tablet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Consideration of Risks and Side Effects Page(s): 83.

Decision rationale: The decision for Cialis 20 mg quantity 15 is not medically necessary. The California Medical Treatment Utilization Schedule states that long-term use may result in immunological and endocrine problems such as hypogonadism. Also, there is no scientific support for the use of Cialis in treating chronic pain. Therefore, this request is not medically necessary.