

<b>Case Number:</b>	CM14-0213924		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: New York

Certification(s)/Specialty: Emergency 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 injured worker (IW) is a 54 year old male with an industrial injury date 7/16/2010. Diagnoses include chronic cervical and lumbar pain, knee arthritis, major depressive disorder, sleep disorder, male erectile disorder due to medical condition, and cervicogenic headaches. Treatments to date include a posterior cervical fusion C3-C7 in 2/2014, lumbar spine fusions, epidural injections, medications, physical therapy, acupuncture, and psychotherapy. At a pain management evaluation on 11/3/14, the IW reported ongoing neck pain and headaches that had increased since the time of his fusion. In addition, the IW reported pain radiating into both lower extremities. He experienced low back pain as well and was experiencing falls. The IW also reported difficulty swallowing solids, not liquids. The IW was interested in decreasing his opiate use, but reported significant sleep disturbances due to pain. He primarily uses a wheelchair second to extremity weakness and falls. Work status was not provided. On 12/8/2014, Utilization Review certified several medication requests including Anaprox DS, Prilosec, Prozac, Provigil and modified a request for ENT referral. UR non-certified requests for Cialis and Botox injections. MTUS and ODG guidelines were cited in support of these decisions. These items were submitted for an IMR review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<<http://www.guideline.gov/content.aspx?id=45322&search=cialis>>

**Decision rationale:** CA MTUS and ODG are silent on this topic. The above referenced guideline supports the use of phosphodiesterase type 5 inhibitors such as Cialis as first line therapeutic agents for individuals with erectile dysfunction. The guidelines also support a diagnostic evaluation of these individuals which includes a detailed medical and sexual history, a validated questionnaire, physical examination, laboratory testing and other diagnostic tests. Records submitted support the IW was on increasing doses of Cialis. There was a reference to a urology consultation, but the documentation from this evaluation and any impressions were not included. There was no documentation to support the condition of erectile dysfunction or other medical condition that would contribute to this process such and diabetes mellitus, peripheral vascular disease or hypertension. Without the appropriate supporting documentation and evaluation, the request for Cialis is not medically necessary.

**Botox 300 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

**Decision rationale:** According to CA MTUS chronic pain guidelines, botulinum toxin injections are not generally recommended for chronic pain disorders except cervical dystonia. The CA MTUS guidelines specifically state that botox injections are "not recommended for the following: tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections." The documentation included for review refer to chronic neck and migraine-type headaches. In addition, the IW has reported relief from trigger point injections and the guidelines do not support the use of "injection in myofascial trigger points" Within these guideline recommendations, the request for Botox injections are not medically necessary.

**Referral to ENT [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits

**Decision rationale:** The injured worker recently underwent a 4 level posterior cervical fusion. Subsequent to this procedure, the IW developed some difficulty swallowing solids. While it is unclear that there is direct causation, swallowing processes have been documented following such procedures. The ODG supports individual determination for medical office visits based on "review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." This IW has experienced a new and ongoing symptom of difficulty swallowing following and invasive procedure. Further evaluation by an ENT physician is reasonable and medically necessary.