

Case Number:	CM14-0215333		
Date Assigned:	01/02/2015	Date of Injury:	06/08/2004
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 62-year-old man with a date of injury of June 8, 2004. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are sacroiliac joint dysfunction, right; status post stimulator implant; failed back surgery syndrome; lumbar radiculopathy, right; and facet arthropathy, lumbar. Pursuant to the requesting physician's clinical note dated December 3, 2014, the IW present with complains of right shoulder pain. This is the sole note by this physician in the medical record. The documentation indicated the IW still suffers from an old injury to the right shoulder, covered under worker's compensation. He has received Depo-Medrol injections into the shoulder, once about a year ago, which were effective for several months. He is no longer able to take oral nonsteroidal anti-inflammatory drugs due to severe gastritis on these medications. He has been using Flector patch on his right shoulder, to good effect. The treating physician reports he still requires Cialis to function sexually, because of nerve damage he suffered from his protruded disc. Objectively, the IW ambulates stiffly with a cane. Active and passive range of motion of the right shoulder is mildly reduced. There is mild pain to palpation at the subacromial bursa of the right shoulder, duplicating the pain the IW routinely experiences. The treating physician is recommending a refill of Flector patch 1.3%, apply to skin in the affected are Q12h as needed for pain #60 with 11 refills, and Cialis 20mg one tablet orally hour before sex as needed, #12, with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60 (11 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% #60 with 11 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patch is indicated for acute sprains/strains and contusions. In this case, the injured worker's working diagnoses are sacroiliac joint dysfunction; status post stimulator implant; failed back surgery syndrome; lumbar radiculopathy, right; facet arthropathy, lumbar; and depression. Flector is indicated for acute sprains, strains and contusions. There are no acute sprains, strains or contusions in the December 4, 2014 progress note. There are no clinical indications or rationale in the medical record to support the use of Flector patch. Consequently, absent clinical documentation to support the use of Flector patch, clinical indications/rationale, Flector patch 1.3% #60 with 11 refills is not medically necessary.

Cialis 20 mg #12 (11 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.drugs.com/cialis.html>.

Decision rationale: Pursuant to Drugs.Com, Cialis 20 mg #12 with 11 refills is not medically necessary. Cialis is used to treat erectile dysfunction and symptoms of benign prostatic hypertrophy. See the attached link for details. In this case, the injured worker's working diagnoses are sacroiliac joint dysfunction; status post stimulator implant; failed back surgery syndrome; lumbar radiculopathy, right; facet arthropathy, lumbar; and depression. The injured worker is treated by a pain management specialist. The pain management specialist does not address, in the medical record, a problem dealing with erectile dysfunction. The injured worker presented on December 3, 2014 20 [REDACTED]. The treating physician in the recommendations section, wrote Cialis 20 mg one tablet one half hour before sex, as needed #12 with 11 refills. It is unclear from the documentation whether the injured worker follows with this physician on regular basis. The title of the clinic is the [REDACTED] and it is unlikely this physician sees this patient on a regular basis. Additionally, the pain management specialist had not documented problems with erectile

dysfunction or hypogonadism as a result of long-term opiate use. There is no documentation of objective functional improvement with Cialis use. Consequently, absent clinical documentation to support ongoing Cialis use, evidence of objective functional improvement Cialis, Cialis 20 mg #12 with 11 refills is not medically necessary.