

Case Number:	CM14-0215842		
Date Assigned:	01/05/2015	Date of Injury:	03/02/2002
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male who sustained a work related injury on March 2, 2002 resulting in a spinal injury. He was diagnosed with an early cauda-equina syndrome. The injured worker underwent an emergent lumbar five-sacral one microdiscectomy, following which he developed urinary retention. On October 1, 2002 the injured worker also underwent a L4-L5 laminectomy decompression and bilateral facetectomy and foraminotomy. Following the surgery he developed difficulty with walking and increasing weakness and numbness of the lower extremities. The injured worker also developed urinary frequency and stress incontinence. A progress report dated November 12, 2014 notes that the injured worker complained of low back pain and foot pain. The pain was described as sharp and constant. The pain level was noted to be eight out of ten on the Visual Analogue Scale. His low back pain radiated into the legs and feet which created weakness and discomfort with activities. The injured worker denied urinary or fecal incontinence. He was noted to be very active with a wheelchair. Physical examination revealed normal strength and tone of the lower extremities, absent ankle jerk reflexes bilaterally and the toes down-going. Tenderness was noted in the paraspinous and gluteus area and greater trochanter area. Diagnoses include low back pain, herniated disc and leg and foot pain. Current documentation dated December 2, 2014 notes that the injured worker was seen for a neurogenic bladder. He reported difficulty with voiding, increasing frequency, urge incontinence and erectile dysfunction. Current medications include Cialis Detrol, Flomax, Viagra, Duragesic, Norco and Restoril. The treating physician requested prescriptions of Vesicare 5mg #30 with 11 refills and Cialis 20mg # 6 with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg, #6 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcome and endpoints Page(s): 8-9. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Polity Bulletin No. 0007 FDA indications/boxed label

Decision rationale: The patient presents with low back pain, neurogenic bladder and erectile dysfunction. The request is for one prescription for Cialis 20mg, #6 with 11 refills. The patient has been utilizing Cialis since at least 10/10/14. The California MTUS Guidelines and the Official Disability Guidelines are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required. In this case, one of the diagnoses is erectile dysfunction and there are documentations of erectile dysfunction in this patient. The review of the reports indicates that the patient has taken Viagra 100mg QD and Cialis 20mg QD with decreasing efficacy. Long-term opioid use is documented; however, there is no evidence of a low testosterone level. Hypogonadism is not discussed. Performance enhancing drugs such as Cialis are not typically supported by the guidelines. Therefore, the request is not medically necessary.

Vesicare 5mg, #30 with 11 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Drugs.com (<http://www.drugs.com/vesicare>); and FDA (<http://www.accessdata.fda.gov>)

Decision rationale: The patient presents with low back pain, neurogenic bladder and erectile dysfunction. The request is for Vesicare 5mg, #30 with 11 refills. The patient has not tried Vesicare in the past. According to <http://www.drugs.com/vesicare.html>, Vesicare (solifenacin) reduces muscle spasms of the bladder and urinary tract and is used to treat symptoms of overactive bladder, such as frequent or urgent urination, and incontinence (urine leakage). The California MTUS Guidelines and the Official Disability Guidelines are silent on Vesicare. FDA indications/boxed label, http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/021518s016lbl.pdf, states that Vesicare is used for symptoms of urge urinary incontinence, urgency, and urinary frequency. It recommends 5 mg tablet taken once daily, and if well tolerated may be increased to 10 mg once

daily. In this case, the patient has neurogenic bladder for which this medication may be indicated. The utilization review letter on 12/11/14 modified the request of Vesicare 11 refills of 30 tabs to 30 tabs without refill because the efficacy of this medication is not known. MTUS page 8 require physician monitoring of the patient's progress and the request for 11 refills are excessive. But given the patient's spinal cord injury with neurogenic bladder with no prospect of physiologic improvement, the patient will require a long-term refills of this medication. Therefore, the request is medically necessary.