

Case Number:	CM14-0074485		
Date Assigned:	07/16/2014	Date of Injury:	08/16/2012
Decision Date:	05/27/2015	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/22/2014

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: 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 is a 54 year old male, who sustained an industrial injury on 8/16/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having traumatic arthropathy of the hip and knee, knee pain, lower limb contusion, and neuralgia. Treatment to date has included diagnostics and medications. On 3/19/2014, the injured worker complains of chronic left hip and knee pain, worsened with cold weather. His pain was rated 3/10 and averaged 3/10 in the preceding week. He also reported experiencing anxiety. His body mass index was 32.3% and blood pressure was 132/74. He was authorized for an orthopedic consult for hardware removal but appointment was not yet scheduled. The treatment plan included Trepadone for joint health. On 4/09/2014, his pain was rated 4/10. The treatment plan included refill of Trepadone and start Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone #120: 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 Official Disability Guidelines (ODG) Pain section, Medical foods.

Decision rationale: Pursuant to the Official Disability Guidelines, Trepadone #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are traumatic arthropathy of the hip; traumatic arthropathy of the knee; knee pain; contusion lower limb; and neuralgia. The documentation shows the treating provider initiated treatment with Trepadone on March 9, 2014 for joint health. Trepadone is a medical food. Medical foods are not recommended for chronic pain. Consequently, absent clinical guideline recommendations for medical foods, Trepadone #120 is not medically necessary.

Cialis 5 mg #30: 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Pursuant to Medline plus, Cialis 5 mg #30 is not medically necessary. Cialis is used to treat erectile dysfunction and the symptoms of benign prostatic hypertrophy. Tadalafil is used to improve the ability to exercise in patients with pulmonary arterial hypertension. For additional details see the attached link. In this case, the injured worker's working diagnoses are traumatic arthropathy of the hip; traumatic arthropathy of the knee; knee pain; contusion lower limb; and neuralgia. According to a March 9, 2014 treatment plan, the treating provider started Cialis one tablet 30 minutes before sexual activity because the patient has a voucher. There is no documentation of erectile dysfunction. There is no clinical indication or rationale for Cialis in the medical record. Subjectively, the injured worker has complaints of anxiety, shortness of breath. The VAS pain scale is 4/10 and there is no documentation of sexual dysfunction. Consequently, absent clinical documentation with evidence of erectile dysfunction and a clinical indication or rationale Cialis, Cialis 5 mg #30 is not medically necessary.