

Case Number:	CM15-0013713		
Date Assigned:	02/02/2015	Date of Injury:	03/08/2011
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 49 year old male sustained a work related injury on 03/08/2011. According to the only progress report submitted for review, dated 01/13/2015, the injured worker complained of low back pain, neck pain, increased spasms, sleep disturbance and ongoing depression. Medications included Flexeril for spasms, Cymbalta for myofascial pain, depression and pain syndrome and Cialis for erectile dysfunction secondary to chronic pain and depression. The injured worker was permanent and stationary. The handwritten progress report was partially illegible. On 01/09/2015, Utilization Review non-certified Cialis 5mg #30, Cymbalta 60mg #30 and Flexeril 10mg #30. According to the Utilization Review physician, in regard to Cymbalta and Cialis, the clinical provided does not establish medical necessity. In regard to Flexeril, guidelines do not support long term use. CA MTUS guidelines were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 110-111.

Decision rationale: CA MTUS recognizes that hypogonadism has been noted in patients taking intrathecal or high dose opioid therapy long term. However, testing of testosterone levels is not recommended as a routine measure in patients taking opioids and is to be considered in cases where there is documentation of objective physical findings of hypogonadism, such as gynecomastia. Etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following:(1) The role of chronic pain itself on sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. In this case there are no documented objective findings of hypogonadism and no clear connection of the diagnosed erectile dysfunction with chronic opioid use. Cialis 5 mg #30 is not medically indicated and the original UR denial is upheld.

Cymbalta 60mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: ACOEM includes treatment with antidepressant medication as an important component of treatment of depression. Cymbalta is a first line treatment for depression and the claimant has a documented response to treatment with the medication. Cymbalta is medically indicated.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.

