

Case Number:	CM15-0018461		
Date Assigned:	02/06/2015	Date of Injury:	03/08/2011
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 8, 2011. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for Cialis and Flexeril while apparently approving a request for Cymbalta. The claims noted that the applicant had alleged multifocal complaints reportedly attributed to cumulative trauma at work. The applicant's primary pain generator was reportedly low back. The claims administrator referenced December 13, 2014 RFA form and associated work status report of January 13, 2015, in its determination. The applicant's attorney subsequently appealed. In a January 13, 2015 work status report, the applicant was asked to continue previously imposed permanent limitations. In an associated handwritten progress note of January 13, 2015, the applicant reported persistent complaints of low back pain, sleep disturbance, and depression. The applicant was reportedly using Cymbalta, Flexeril, Cialis, methadone, and Norco, it was acknowledged. Cialis was apparently endorsed for erectile dysfunction purposes. The note was every difficult to follow. In an early note of July 14, 2014, noted that the applicant was using Norco and methadone for pain relief as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> ERECTILE DYSFUNCTION THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005): Recommendation: The monitoring of patients receiving continuing phosphodiesterase type 5-inhibitor therapy should include a periodic follow-up of efficacy, side effects, and any significant change in health status including medications.

Decision rationale: No, the request for Cialis, a 5-phosphodiesterase inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Urologic Association (AUA) notes that applicants using 5-phosphodiesterase inhibitor such as Cialis should be periodically followed up upon to determine efficacy, side effects, and/or any significant changes in health status. Here, the attending provider's documentation did not clearly establish whether or not ongoing usage of Cialis was or was not effective. The attending provider's handwritten progress notes seemingly suggested that Cialis was being renewed. However, the attending provider failed to outline whether or not ongoing usage of Cialis had or had proven effective. Therefore, the request was not medically necessary.

Flexeril 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.

Decision rationale: Similarly, the request for Flexeril, (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of agents, including Norco and methadone. Adding Flexeril (cyclobenzaprine) to the mix was not recommended. It is further noted that a 30-tablet supply of Flexeril at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.