

<b>Case Number:</b>	CM15-0115791		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/14/1992
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 48 year old male, who sustained an industrial injury on 7/14/1992. He reported sharp pain on his lower back that radiated to his lower extremities due to a fall. Diagnoses have included post laminectomy-syndrome, lumbar disc disease, lumbar radiculitis and sacroiliitis. Treatment to date has included lumbar surgery, spinal cord stimulator trial and medication. According to the progress report dated 5/6/2015, the injured worker complained of increasing pain. He also complained of tenderness over the sacroiliac joints. He reported that he was only receiving two days relief from Fentanyl patches. He was using Norco for breakthrough pain. He rated his current pain as 5/10. He had a previous sacroiliac joint injection with 80% pain relief. The injured worker appeared to be in acute distress. His gait was slow and altered with a flexed spine. He walked with a cane and had difficulty with heel walk and walking on toes. There was tenderness over the bilateral paraspinals with spasms. There was tenderness to palpation over the thoracic spine. Straight leg raise was positive bilaterally. Authorization was requested for Fentanyl patches, Xanax and Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch 25 MCG #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, fentanyl patches 25 g #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post laminectomy syndrome; lumbar disc disease; lumbar radiculitis; and sacroiliitis. The utilization review states fentanyl and Xanax were both authorized for weaning on March 26, 2015. The earliest progress note in the medical record indicating Fentanyl was prescribed is dated January 21, 2015. The most recent progress note dated May 6, 2015 shows Fentanyl still prescribed. There is no documentation indicating objective functional improvement. There were no risk assessments for detailed pain assessments. Consequently, absent clinical documentation with objective functional improvement, risk assessments and detailed pain assessments and non-certification at a prior date (March 26, 2015), fentanyl patches 25 g #10 is not medically necessary.

**Xanax .5 MG #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg #45 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are post laminectomy syndrome; lumbar disc disease; lumbar radiculitis; and sacroiliitis. The utilization review states fentanyl and Xanax were both authorized for weaning on March 26, 2015. The earliest progress note in the medical record containing Xanax is dated January 21, 2015. The most recent progress of the medical record dated May 6, 2015. Subjectively, there is no documentation of anxiety. There is no clinical indication or rationale for Xanax 0.5 mg. There

was no documentation reflecting objective optional improvement to support ongoing Xanax. Xanax is not recommended for long term use. Xanax was recommended for weaning March 26, 2015. The start date for Xanax is not documented in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for Xanax, documentation demonstrating objective(s) improvement, continued use excess of the recommended guidelines (not recommended for long-term use longer than two weeks), and compelling clinical facts indicating Xanax is clinically indicated, Xanax 0.5 mg #45 is not medically necessary.

**Cialis 10 MG #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 10 mg #10 is not medically necessary. Tadalafil (Cialis) is used to treat erectile dysfunction (ED, impotence; inability to get or keep an erection), and the symptoms of benign prostatic hyperplasia (BPH; an enlarged prostate) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. Tadalafil (Adcirca) is used to improve the ability to exercise in people with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Tadalafil is in a class of medications called phosphodiesterase (PDE) inhibitors. It works to treat erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Tadalafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow more easily. In this case, the injured worker's working diagnoses are post laminectomy syndrome; lumbar disc disease; lumbar radiculitis; and sacroiliitis. The documentation indicates Cialis is used secondary to medications. There is no documentation of erectile dysfunction. There are no subjective or objective clinical findings indicative of impotence or erectile dysfunction. There is no clinical indication or rationale for ongoing Cialis. Consequently, absent clinical documentation with a clinical indication and rationale for Cialis with subjective symptoms and objective findings of erectile dysfunction, Cialis 10 mg #10 is not medically necessary.