

Case Number:	CM15-0120322		
Date Assigned:	06/30/2015	Date of Injury:	04/23/2001
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 4/23/01. The injured worker was diagnosed as having lumbar degenerative disc disease and low testosterone. Treatment to date has included physical therapy and medications. Currently, the PR-2 notes dated 4/6/15 indicated the injured worker needed refills on medications but did not want to provider urine specimen. The hip pain had continued to worsen and surgery was being considered. General examination documents did not show any acute distress. There was tenderness to palpation over the lumbar-sacral spine. The injured worker walks with a limb on right leg and uses a cane. He is being treated for the diagnosis of degenerative disc disease (DDD) and low testosterone. Depostestosterone 1cc:1.5cc was given in the left hip intramuscular on that day. PR-2 notes dated 4/3/15 indicate the injured worker has managed to wean himself down to 120 Norco per month. His average pain was 5/10 depending on activity but 3-5/10 after taking his medications and resting 30-40 minutes. The pain relief from medications was lasting 3-5 hours on average. There is documentation that prior treatments with Viagra and Cialis did not result in significant symptomatic improvement. The Testosterone injections was noted to provide temporary relief lasting less than 14 days. The injection is associated with mood changes during the initial few days. The provider's treatment plan included Cialis 5mg #30; Clonazepam 1mg #30 with 5 refills; Norco 10/325mg #120 with 2 refills and Depo-Testosterone 1.5cc injection.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley I, Guiliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG recommend that sexual dysfunction associated with chronic opioids use can be treated with reduction of opioid dosage and other treatment measures. The records indicate that the patient did not observe significant sustained improvement in sexual function following treatments with Viagra, Cialis or testosterone injections. The records did not show that the sexual dysfunction had failed to improve with reduction in opioids and benzodiazepine dosage. The criteria for the use of Cialis 5mg #30 was not met. Therefore, the request is not medically necessary.

Clonazepam 1mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety or insomnia be limited to short term periods of less than 6 weeks. The chronic use of benzodiazepines can be associated with the development of tolerance, sedation, dependency, addictions and adverse interaction with opioids. The records indicate that the patient had utilized clonazepam longer than the guidelines recommended period of less than 6 weeks. There is no documentation of guidelines mandated compliance monitoring of serial UDS tests, CURES data reports, absence of aberrant behavior and functional restoration. The guidelines did not support the prescriptions of multiple refills of sedatives because documentation from regular clinic evaluation showing continual indication for the utilization of the medications is required. The criteria for the use of use of clonazepam 1mg #30 5 refills was not met. Therefore, the request is not medically necessary.