

Case Number:	CM15-0091006		
Date Assigned:	05/15/2015	Date of Injury:	02/03/2012
Decision Date:	06/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 injured worker is a 36-year-old male who sustained an industrial injury on 02/03/2012. Current diagnoses include lumbago, radiculopathy lumbar region, annular tear of lumbar disc, depression with anxiety, and thoracalgia. Previous treatments included medication management, and back brace. Report dated 03/25/2015 noted that the injured worker presented with complaints that included continued right lower extremity radiculopathy. Pain level was not included. Physical examination was positive for antalgic gait, and decreased range of motion. The treatment plan included request for neurosurgical evaluation. Disputed treatments include Cialis, Opana, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #30 is not medically necessary.

Opana 10mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxymorphone is indicated for the relief of moderate to severe pain and also as a preoperative medication to alleviate apprehension, maintain anesthesia and as an obstetric analgesic. The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off Opana. Opana 10mg #360 is not medically necessary.

Cialis 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: The Medical Treatment Utilization Schedule and the Official Disability Guidelines are silent on the use of erectile dysfunction agents in the workers' comp setting. Alternative guidelines were selected. Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction; 2. No concurrent use of nitrates; 3. Any one of the following: a. Member is 55 years of age or older; b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease); c. Documentation of a normal testosterone level; d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request). In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH2.

Inadequate response or inability to tolerate an alpha-blocker. Documentation in the patient's medical record fails to meet the above inclusion criteria. Cialis 20mg #20 is not medically necessary.