

Case Number:	CM15-0092164		
Date Assigned:	05/18/2015	Date of Injury:	10/23/2008
Decision Date:	06/18/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, California
 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:

The injured worker is a 46 year old male who sustained an industrial injury on 10/23/2008. The injured worker was diagnosed with chronic low back pain, lumbar spondylosis and hardware pain and secondary myofascial pain. Treatment to date includes diagnostic testing, surgery, lumbar epidural steroid injections, physical therapy, hardware injections and medications. The injured worker underwent a posterior spinal fusion L4-S1 with bone marrow aspirate and instillation of the On-Q pain pump on June 27, 2011. According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience low back and upper back pain and stiffness with radiation to the bilateral lower extremities. The injured worker rates his pain level at 4/10. According to the physician the spinal pain is likely due to retained hardware and X-rays indicated complications with hardware loosening. Examination demonstrated pain to palpation over the L4- L5 and L5-S1 hardware heads bilaterally, pain with rotational extension and myofascial pain with triggering, ropey fibrotic banding and spasm. Deep tendon reflexes and sensation were intact. Bilateral hip to foot muscle groups were noted to be 5-/5 with normal muscle tone. Current medications were listed as Norco, Methadone, and Butrans patch, Ibuprofen, Xanax, Cialis and Omeprazole. Treatment plan consists of follow-up with orthopedic spine surgeon for consideration of hardware removal, increase Methadone to 3 times a day, and decrease Norco to twice a day and the current request for Cialis and Xanax renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #30 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was prescribed Xanax for sleep. Behavioral modification failures or sleep disturbance etiology was not mentioned. The 5 months supply of Xanax is excessive and not medically necessary.

Cialis 5 mg #30 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, Cialis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, there is no indication of a low testosterone. The term sexual dysfunction as described in the chart is vague. The use of Cialis is for erectile dysfunction. The claimant has not been diagnosed with this disorder as it relates to the injury or use of medications. Cialis, therefore, is not medically necessary.