

<b>Case Number:</b>	CM13-0021264		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old with a reported date of injury of 09/08/2001. The patient has the diagnoses of post laminectomy syndrome lumbar region, lumbago, myalgia, myositis, lumbar radiculopathy, arachnoiditis, neurogenic bladder and pelvic joint pain. Treatment modalities have included medication, surgery, dual lead spinal cord stimulator, epidural steroid injections and nerve branch blocks. The most recent progress reports provided from the primary treating physician dated 11/14/2013 states the patient continues to have complaints of low back pain, right lower extremity pain and weakness, spasticity and neurogenic bladder. New complaints of symptoms consistent with a right S1 motor radiculopathy are noted as well. The patient rates the pain as a 8/10 without medications. Physical exam showed antalgic gait, pain and difficulty with transfers from sitting to standing, decreased bulk and tone in the right lower extremity, decreased range of motion in the lumbar spine with paraspinal muscle tenderness without spasm. Treatment plan consisted of continuation of medication and spinal surgery consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350 MG QUANTITY 60-30 DAY SUPPLY- REFILLS 2 (RX:8/19/13):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. In regards to the requested medication: Dosing: 250-750 mg three times a day to four times a day. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Not recommended. The medication is a non-recommended medication per the California MTUS and has been used longer than the suggested 2-3 weeks and thus is not medically necessary and appropriate.

**VIAGRA (SILDENAFIL) 100 MG QUANTITY 15-30 DAY SUPPLY-REFILLS 2 (RX 8/19/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA monograph for Sildenafil.

**Decision rationale:** The official product information/insert for the requested medication per the manufacturer notes the medication has F.D.A. approval for erectile dysfunction. Per the progress reports provided, there is no mention of a diagnosis of erectile dysfunction but rather that the medication is used for "arachnoiditis from his original injury". Since the diagnosis of erectile dysfunction has not been documented, the medication cannot be certified. The request is not medically necessary and appropriate.

**FINASTERIDE 5 MG QUANTITY 30-30 DAY SUPPLY-REFILLS 2 (RX: 8/19/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Monograph for Finasteride.

**Decision rationale:** Per the FDA, Finasteride has the indications for indicated for the treatment of symptomatic benign prostatic hyperplasia (BPH) in men with an enlarged prostate to: - Improve symptoms- Reduce the risk of the need for surgery including transurethral resection of the prostate (TURP) and prostatectomy. There is no FDA indication for use of the medication for neurogenic bladder and thus the medication is not medically necessary and appropriate.