

<b>Case Number:</b>	CM13-0071377		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 52 year old male with an injury reported on October 13, 2003. The mechanism of injury was not provided within the clinical notes. The clinical note dated April 17, 2014, reported the injured worker complained of pain to his right shoulder, neck and right hip. The physical examination findings reported the injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. Straight leg raise was positive bilaterally at 45 degrees on the right and 60 degrees to left. It was noted that the injured worker's prescribed medication regimen included norco 10/325mg, fexmid 7.5mg, prilosec 20 mg, synovacin 500mg, xanax 1mg, and cialis 20mg. The injured worker's diagnoses included right hip open reductin and internal fixation (10/21/2003); bilateral lower extremity neuropathic pain, right greater than left; five-level positive discogram at L1 through S1; medication-induced gastritis, right knee internal derangement, implantation of medtronic lumbar spinal cord stimulator (08/30/2012); right shoulder sprain/strain; and hypogonadism, secondary to chronic opiate medications. The request for authorization was submitted on December 23, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, # 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

**Decision rationale:** The request for norco 10/325mg, #240, is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. It was noted the injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin, xanax, and cialis. The California MTUS guidelines recognize norco as a short-acting opioid, which is an effective method in controlling chronic pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. It was noted that the injured worker was taking 6-8 10/325mg tablet of norco daily. It is unclear if the norco is effective in decreasing the injured worker's pain. In addition, it was unclear if the injured worker gained any significant function from the use of the pain medication. Therefore, the request is not medically necessary.

**FEXMID 7.5 MG, # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The request for fexmid 7.5mg # 60 is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. It was noted the injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin, xanax, and cialis. The California MTUS guidelines state cyclobenzaprine (FexMid) is recommended for a short course of therapy. Fexmid is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Limited, mixed-evidence does not allow for a recommendation for chronic use. There is a lack of evidence indicating how long the injured worker has been prescribed fexmid. Additionally, the efficacy of the medication was unclear within the provided documentation. Therefore, the request is not medically necessary.

**SYNOVACIN 500 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The request for synovacin 500mg is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. It was noted the injured worker's range of motion to the lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin, xanax, and cialis. Synovacin is glucosamine sulfate. The California MTUS guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is a lack of information provided documenting the efficacy of Synovacin on the injured worker's pain. Moreover, it was unclear if the injured worker gained any additional function from the use of the medication. Therefore, the request is not medically necessary.

**XANAX 1 MG:** 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:** The request for xanax 1mg is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. The injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin, xanax, and cialis. The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. It is unclear how long the injured worker has been prescribed xanax. Moreover, it was unclear if the injured worker gained any additional function from the use of the medication. In addition, the requesting provider did not submit the requested quantity of xanax. Therefore, the request is not medically necessary.

**CIALIS 20 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Millbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guidelines Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc. 2006 May.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - [www.nlm.nih.gov](http://www.nlm.nih.gov), Medline Plus, Tadalafil, online database.

**Decision rationale:** The request for cialis 20mg is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. The injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin,

xanax, and cialis. According to Medline Plus, Tadalafil (Cialis) is used to treat erectile dysfunction, and the symptoms of benign prostatic hyperplasia which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. It is also used to improve the ability to exercise in people with pulmonary arterial hypertension. There is a lack of clinical information indicating the efficacy of this medication. It is unclear if the injured worker gained any additional function from the use of the medication. The requesting physician's rationale for the request was unclear. Therefore, the request is not medically necessary.

**ANDROGEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The request for androgel is not medically necessary. The injured worker complained of pain to his right shoulder, neck and right hip. The injured worker's range of motion to lumbar spine demonstrated forward flexion to 30 degrees, and extension to 10 degrees. The injured worker's prescribed medication list included norco, fexmid, prilosec, synovacin, xanax, and cialis. It was also noted that the injured worker's diagnosis included hypogonadism, secondary to chronic opiate medications. AndroGel (testosterone gel) 1% is a clear, colorless hydroalcoholic gel containing testosterone. The California MTUS guidelines recommend testosterone replacement for hypogonadism (related to opioids) in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. An endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. It was noted that the injured worker has a diagnosis that included hypogonadism, secondary to chronic opiate medication. It was unclear if the injured worker has undergone an endocrine evaluation and/or testosterone levels to demonstrate the efficacy of androgel medication. Therefore, the request is not medically necessary.