

<b>Case Number:</b>	CM14-0010440		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a patient with a date of injury of July 19, 2012. A utilization review determination dated January 2, 2014 recommends noncertification of Viagra, Flexeril, and a urine drug screen. Partial certification is recommended for Percocet at a quantity of 60 (a quantity of 120 was requested). A progress report dated February 5, 2014 identify subjective complaints of neck pain radiating into the upper extremities with back pain radiating into the lower extremities. The note goes on to state that there was a periodic review of each of the patients prescribed medications which included "a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects" (the contents of this discussion were not included in the progress report). Physical examination identifies tenderness to palpation the cervical spine with myofascial trigger points. The lumbar spine also has tenderness to palpation with restricted range of motion. A review of records indicates that a testosterone lab result was noted at 461 mg/dl which is considered normal. Diagnoses include cervical radiculopathy, hypertension, and chronic pain. The treatment plan recommends continuing medications. The note indicates that there has been no significant side effects, the patient has been compliant, and has a pain contract on file. There is also monitoring of function on a six-month basis. Current medications include Percocet, Viagra, and Flexeril. A letter dated January 15, 2014 is an appeal for the patient's medications. The note indicates that the patient has a signed opioid agreement, has not exhibited red flag for potential abuse, has been effective for "maintenance of function," allowing him to perform activities of daily living at home. The note goes on to state that cyclobenzaprine is being requested for occasional use to treat acute episodes of muscle spasm associated with chronic pain. The note recommends holding the appeal for Viagra pending a testosterone level. Regarding the drug

testing is indicated due to the patient taking controlled substance medication on a continuous basis. There is a urine drug screen which was performed on November 11, 2013 which is consistent for the use of oxycodone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PERCOCET 10/325MG EVERY 6 HOURS QTY:120: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 43

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

**Decision rationale:** Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Percocet is maintaining the patient's function and reducing pain. There is also documentation of an opiate agreement, UDS, and CURES reports being utilized. It is acknowledged that the documentation of functional improvement/maintenance and analgesic efficacy is very sparse, but the currently requested Percocet #120 should allow the requesting physician time to better document those things. As such, the currently requested Percocet is medically necessary.

#### **VIAGRA 100MG ONE TAB ONE HOUR BEFORE SEX: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.  
Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301,  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>

**Decision rationale:** Regarding the request for Viagra, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The national Library of medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has

responded to treatment with Viagra. Furthermore, there is no discussion regarding any comorbid medical conditions for which the use of Viagra would be contraindicated. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the currently requested Viagra is not medically necessary.

**FLEXERIL 10MG AT BEDTIME AS NEEDED FOR SPASMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS FOR PAIN,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The requesting physician has stated that the medication is used for "flare-ups" but it appears that the medicating is being prescribed consistently, and there is no documentation indicating how often these flare-ups occur, or how much analgesic effect and objective improvement is obtained with the use of Flexeril. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 77

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is

taking pain medication. As such, the currently requested urine toxicology test is medically necessary.