

<b>Case Number:</b>	CM14-0176656		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 48-year-old male with a date of injury of 03/15/2008. The listed diagnoses per [REDACTED] are: 1. Lumbosacral spondylosis without myelopathy, 2. Lumbar degenerative disk disease, 3. Back pain, 4. Back ache. According to progress report, 10/07/2014, the patient continues to complain of pain in the midline of the lower back area. Patient states that he is doing fine with his medications, but his back feels "tight and he thinks he will go into spasm any minute. His neck feels the same, and he would like some TPI's for his neck." Examination of the cervical spine revealed "Muscle spasms are felt as taut bands with pain radiating outward upper trapezius and scalenes." The request is for cervical trigger-point injection 1 set of 4 to 6 TPI's, Valium 10 mg #30, and Viagra 100 mg #9. Utilization review denied the request on 10/15/2014. Treatment reports from 03/24/2014 through 10/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical trigger point injection one set of 4-6 TPI QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with neck and low back pain. The request is for "cervical trigger-point injection 1 set of 4 to 6 TPI." The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, etc. In this case, the treater does not note trigger points on examination. There was no evidence of "twitch response" or taut bands as required by MTUS. Furthermore, the patient has radiating symptoms and MTUS recommends TPIs when radiculopathy is not present. The request is not medically necessary.

**Valium 10mg, #30:** Upheld

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

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

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting a refill of Valium 10 mg #30. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit 4 weeks." In this case, the patient has been prescribed this medication since at least 06/19/2014. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." The request is not medically necessary.

**Viagra 100mg, #9:** 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: [www.aetna.com/cpb/medical/data/1\\_99/0007.html](http://www.aetna.com/cpb/medical/data/1_99/0007.html) Aetna Clinical Polity Bulletin No. 0007 regarding erectile dysfunction

**Decision rationale:** This patient presents with continued low back pain. The request is for Viagra 100 mg #9. The MTUS, ACOEM, and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required. There is no documentation of hypo-gonadism that may contribute to the patient's ED.

Testosterone level, for example is not provided. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. The request is not medically necessary.