

Case Number:	CM14-0030641		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2009
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 42-year-old male with a date of injury of 11/20/2009. The listed diagnoses per [REDACTED] are: 1. Lumbosacral spondylosis without myelopathy. 2. Opioid-type dependency, continuous. 3. Other symptoms referable to back. 4. Unspecified testicular dysfunction. 5. Unspecified vitamin deficiency. According to progress report 02/11/2014 by [REDACTED], patient presents with an increase in pain in his is neck, low back, and knee. Patient states that after using Norco and Celebrex, the pain is reduced to 2/10 from an 8/10 and medication provides sufficient relief to allow patient to walk without use of cane, drive his car, perform light housekeeping, and obtain a restful night sleep. Current medication regimen includes propranolol ER 80 mg, Celebrex 200 mg, Viagra 100 mg, and Norco 10 mg-325 mg. Recommendation is for refill of medication of Celebrex and Viagra and prescription of topical lotion (containing flurbiprofen 10%, cyclobenzaprine 2%, baclofen 2%, lidocaine 2%) 300 mL. Utilization review denied the requests on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical lotion Flurbiprofen 10%/Cyclobenzaprine 2%/Lidocane2%, 300ml apply to affected areas of lower back & knees as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical applications Page(s): 112-113.

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines

Decision rationale: This patient presents with increased pain in his neck, low back, and knee. The treating physician is requesting a topical lotion containing flurbiprofen 10%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 2% to be applied to the affected areas of lower back and knee as needed for pain. For Flurbiprofen, California Medical Treatment Utilization Schedule (MTUS) states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Baclofen and Cyclobenzaprine are not recommended in any compound topical formulation. The requested treatment is not medically necessary and appropriate.

Celebrex 200mg, Qty: #30: Upheld

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

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines.

Decision rationale: This patient presents with increased pain in his neck, low back, and knee. The treating physician is requesting Celebrex 200mg #30. Utilization review denied the request stating patient does not meet the criteria for this medication. For anti-inflammatory medications, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted." Report 02/11/2014 states patient is able to walk without the use of a cane, drive his car, perform housekeeping and obtain restful sleep with medications including Celebrex. The treating physician further notes a decrease in pain from 8/10 to 2/10 with both Norco and Celebrex. In this case, the patient has chronic pain and has been taking Celebrex which provides a decrease in pain and improved functional status. Recommendation is medically necessary and appropriate.

Viagra 100mg, Qty: #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/viagra.html>.

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: Clinical Policy Bulletin: Erectile Dysfunction.

Decision rationale: This patient presents with increased pain in his neck, low back, and knee. The treating physician is requesting Viagra 100mg. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and Official Disability Guidelines (ODG) guidelines do not discuss Viagra specifically. AETNA guidelines, however, require comprehensive physical/examination and lab work-up for diagnosis of ED including medical, sexual and psychosocial evaluation. While

Viagra is appropriate for ED, ED must be appropriately diagnosed. In this case, the patient has a diagnosis of testicular dysfunction with no comprehensive examination and lab work. The requested treatment is not medically necessary and appropriate.