

<b>Case Number:</b>	CM14-0032880		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 44 year old male who reported an injury on 09/13/2006 of an unknown mechanism of injury. The injured worker had a history of lower back pain, leg weakness and numbness also a history erectile dysfunction with a diagnosis of posterior laminectomy at the L3-4, hardware removal, and anterior fusion at the L4-and L5, posterior fusion at the L4 through S1. The injured worker had completed 10 or 12 sessions of physical therapy. The medications includes Percocet 10 mg 4 times a day as needed, Soma 2 times daily, gabapentin 600 mg 2 times a day and naproxen no dosage given. The physical examination reveals well healed scar to the midline posteriorly at the lumbosacral region, sensitive to heat and light touch, neurologically strength to bilateral lower extremities plus 4/5 worst to the right lower leg, straight leg raise positive bilaterally with ankle jerks at bilaterally. The injured worker had a failed spinal cord stimulator, and aqua therapy. The injured worker had a diagnostic test with prostaglandin E1, with a fairly poor response with an erection 5/10. The treatment plan includes trigger point injection to the for the para spinal muscle on the left side lower back times 3 injection, continue medications and add Cialis 10 -15 mg and consult for a urologist. The authorization form was submitted on 06/20/2014 with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections for the para spinal muscles of the left side of low back, series of 3 injections.:** Upheld

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

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

**Decision rationale:** The California Guidelines recommend Trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections are not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. The California Guidelines criteria indicate documentation of circumscribed trigger points with evident upon palpation of a twitch response as well as referred pain and radiculopathy is not present. The documentation provided was evident that the injured worker had a diagnosis radicular pain with numbness and weakness to bilateral lower extremities as such the request for trigger point injection for the paraspinal muscle of the left side of low back, series of 3 injections is not medically necessary and appropriate.

**Cialis 10-15 mg:** Upheld

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

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

**Decision rationale:** The California Guidelines indicate that current trials of testosterone replacement with documented low testosterone levels have shown a moderate non-significant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction. There is little information in peer reviewed literature as to how to treat opioid induced androgen deficiency. The frequency not addressed on the request. As such the request for Cialis 10-15 mg is not medically necessary and appropriate.