MAXIMUS Federal Services

Case Number:	CM14-0053991		
Date Assigned:	07/07/2014	Date of Injury:	09/02/2000
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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, 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 injured worker is a 57-year-old male with a reported date of injury on 09/02/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include depressive disorder, degeneration of lumbar intervertebral disc, fibromyositis, joint pain, lumbar postlaminectomy syndrome, degeneration of intervertebral disc, and osteoarthritis of the knee. His previous treatments were noted to include surgery, medications, and physical therapy. The progress note dated 06/24/2014 revealed the injured worker complained of pain right worse than left to the low back and neck, as well as knees. The injured worker revealed his pain was 8/10. The injured worker also complained of joint swelling of the bilateral knees along with stiffness and tenderness. The injured worker complained of numbness and tingling to the bilateral lower extremities, as well as depression and anxiety. The injured worker also complained of erectile dysfunction. The injured worker reported the Lidoderm patches were applied to his low back and knees and they offered 50% to 70% relief of his pain. The injured worker reported using Viagra as needed for opioid related sexual dysfunction and anhedonia resultant from chronic pain, depression, and SSRI medications. The neurological examination revealed the deep tendon reflexes of the lower extremities were 1+ except for an absent Achilles on both sides. The sensory examination was diminished in an S1 dermatomal distribution bilaterally. The lumbar spine was noted to have an abnormal reversal lumbar lordosis and tenderness noted over the paraspinal muscles overlying the facet joints and sacroiliac joints on both sides. The physical examination noted joint tenderness to the knee bilaterally and the range of motion to the hip was within normal limits except for flexion. The request for authorization form was not submitted within the medical records. The request was for Lidoderm 5% patch to the low back and knees for pain relief and Viagra as needed for opioid related sexual dysfunction and anhedonia resultant from chronic pain, depression, and SSRI medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patch is non-certified. The injured worker has been utilizing this medication since 10/2012. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend lidocaine for localized peripheral pain after there has been evidence of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. The guidelines do not recommend lidocaine for nonneuropathic pain and there was only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain and the results showed there was no superiority over placebo. The injured worker indicated the Lidoderm patches gave him 50% to 70% pain relief in his low back and knees; however, the injured worker has been diagnosed with osteoarthritis of the knees and the guidelines recommend Lidoderm for neuropathic pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Viagra 100 mg: Upheld

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

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: Sildenafil: MedlinePlus Drugs.

Decision rationale: The request for Viagra 100 mg is non-certified. The injured worker has been utilizing this medication since at least 01/2014. Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may

decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. The injured worker uses Viagra as needed for opioid related sexual dysfunction and anhedonia resulting from chronic pain, depression, and SSRI medications. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.