MAXIMUS Federal Services

Case Number:	CM14-0185267		
Date Assigned:	11/13/2014	Date of Injury:	06/20/2002
Decision Date:	02/03/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine, 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:

This is a 46-year-old male with a 6/20/02 date of injury. The injury occurred when he fell 32 feet and landed on his back. According to a progress report dated 10/7/14, the patient reported neck pain that radiated down his bilateral upper extremity. He also reported constant low back pain that radiated down his right lower extremity. He rated his pain as a 5/10 with medications, and 10/10 without medications. The patient's pain was reported as recently worsened. His medication regimen consisted of Cyclobenzaprine, Gabapentin, Norco, Viagra, and Vicodin (prescribed by another provider). He reported marijuana use. Objective findings: tenderness upon palpation in spinal vertebral area, limited lumbar range of motion secondary to pain, pain significantly increased with flexion and extension. Diagnostic impression: chronic pain, lumbar radiculopathy, headaches, erectile dysfunction due to pain, tobacco dependent, chronic bowel incontinence. Treatment to date: medication management, activity modification, physical therapy, acupuncture, chiropractic care, and surgeries. A UR decision dated 10/16/14 modified the request for Cyclobenzaprine from 90 tablets to 63 tablets for weaning purposes and denied the requests for Gabapentin, Norco, Viagra, and 1 Toradol/B12 injection. Regarding Norco, the available medical records indicated the patient was currently prescribed Vicodin at a dosage of 7.5/300mg by another provider. No significant improvement in function or lasting reduction in pain was documented despite the existing long term Norco use. In addition, opioid use seems inappropriate as the patient openly admitted to illicit drug use with marijuana. Regarding Viagra, the available medical records indicated the patient exhibited erectile dysfunction due to chronic opioid use. However, guidelines recommend the patient be tested for low testosterone levels and for other conditions to be ruled out. Neither has occurred. Regarding Toradol/B12 injections, guidelines do not support the use of Toradol for treatment of chronic pain, and no evidence-based guidelines are available to support the use of B12 injections for chronic pain. A specific

rationale regarding the decisions for Cyclobenzaprine and Gabapentin were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long this patient has been taking Cyclobenzaprine. It is noted that this patient has been taking a utilizing a different muscle relaxant, Soma, chronically since at least 2/26/10. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 10mg #90 was not medically necessary.

Norco 10/325mg #120: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of objective functional improvement or improved activities of daily living. It is noted that his condition has worsened, despite medication use. In addition, it is noted that this patient is also taking Vicodin, prescribed by another physician. Guidelines do not support the concurrent use of multiple short-acting opioid medications. Additionally, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. The patient has reported marijuana use and there is no discussion provided by the provider addressing this issue. Furthermore, given the 2002 date of injury, the duration of opiate use to date is not clear. There

is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline update panel, page 78

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter (Testosterone Replacement for Hypogonadism); FDA (Viagra)

Decision rationale: CA MTUS, ODG and ACOEM do not address the medical necessity for use of phosphodiasterase inhibitors, such as Viagra for the treatment of erectile dysfunction. According to the FDA, Viagra (sildenafil) relaxes muscles and increases blood flow to particular areas of the body. Viagra is used to treat erectile dysfunction (impotence) in men. The ODG in addressing testosterone replacement for hypogonadism related to chronic opiate use indicate that the cause of decreased sexual function is confounded by several factors including the following: (a) The role of chronic pain itself on sexual function; (b) The natural occurrence of decreased testosterone that occurs with aging; (c) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (d) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. A focused physical examination evaluating the abdomen, penis, testicles, secondary sexual characteristics and lower extremity pulses is usually performed. Additional testing, such as testosterone level measurement, vascular and/or neurological assessment, and monitoring of nocturnal erections, may be indicated in select patients. However, in the present case, there is no documentation of an evaluation of sexual function, including history and physical exam, to identify comorbid conditions, which may contraindicate certain drug therapies and address other causes of sexual dysfunction. In addition, there is no documentation of additional testing, such as testosterone level evaluation or vascular and/or neurological assessment. There is also no discussion regarding medicine-induced sexual dysfunction. Therefore, the request for Viagra 100mg #10 was not medically necessary.

1 Toradol/B12 Injection: 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 Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Vitamin B; FDA (Ketorolac); FDA (Cyanocobalamin â¿¿ Vitamin B12)

Decision rationale: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac Tromethamine. CA

MTUS does not address the issue of vitamin B. ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. However, in the present case, a specific rationale for Vitamin B12 injection was not identified. There is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of a Toradol injection. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Furthermore, there is no documentation that the patient is unable to tolerate oral medications. In fact, the patient's medication regimen consisted of several oral medications. Therefore, the request for 1 Toradol/B12 Injection was not medically necessary.