

<b>Case Number:</b>	CM14-0200114		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 46 year old male with an injury date on 02/28/2007. Based on the 10/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Chondromalacia patella2. Patellofemoral syndrome3. Proximal, patellar tendinosisAccording to this report, the patient complains of right knee pain with "extreme sharp pain along the anterior knee with any type of squatting or knee bending" and "some occasional popping sensations." Physical exam of the knee reveals tenderness along the proximal patellar tendon. Moderate crepitus is present. Range of motion is 0 to 130 degrees. The treatment plan is to undergo a repeat MRI of the right knee, orthovisc injections, physical therapy, and return for follow up visit in 4-6 weeks. The patient's work status to "remains on the same work restrictions as his primary care physician has provided."The 09/30/2014 report indicates the patient "is noticing a little more aching pains." The treating physician's plan is "renew his medications and check blood tests for liver and kidney function."Per 12/02/2014 report, the patient complains of constant back pain that radiates to the right leg. Straight leg raise test is positive on the right. Patient's current medications are Vicodin, Soma, Toviaz, Viagra, and Ambien. Treatments to dates include chiropratic treatments, physical therapy, knee surgery, 2 back surgeries, pain medication, and injections. There were no other significant findings noted on this report. The utilization review denied the request for (1) Viagra #30, (2) Soma #90, and (3) Blood test for liver and kidney function on 11/13/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 09/02/2014 to 01/07/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100 mg #30:** 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: Aetna Clinical Policy Bulletin: Erectile Dysfunction;Number:0007

**Decision rationale:** According to the 10/22/2014 report, this patient presents with constant low back and extreme sharp right knee pain. The current request is for Viagra 100mg #30. Regarding erectile dysfunction, the MTUS, ACOEM, and ODG do not discuss Viagra. However, Aetna guidelines consider the following diagnostic workup of erectile dysfunction medically necessary: 1.) Comprehensive history and physical examination (including medical, sexual history, and psychosocial evaluation), 2.) Duplexscan, 3.) Dynamic infusion cavernosometry and cavernosography, 4.) Pharmacological response test for erectile dysfunction, and 5.) Pudendal arteriography. Aetna also considers the following laboratory tests medically necessary for the diagnosis of erectile dysfunction: 1.)Biothesiometry, 2.)Blood glucose, 3.) Complete blood count, 4.) Creatinine, 5.) Hepatic panel, 6.) Lipid profile, 7.) Prostate specific antigen, 8.) Thyroid function studies, 9.) Urinalysis, and 10.) Serum testosterone. None of the above procedures were provided in the report. Without the pertinent information, the request for Viagra 100mg cannot be considered. Therefore, the current request is not medically necessary.

**Soma 350 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 64 and 63.

**Decision rationale:** According to the 10/22/2014 report, this patient presents with constant low back and extreme sharp right knee pain. The current request is for Soma 350mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Soma #90 and it is unknown exactly when the patient initially started taking this medication. Soma is not recommended for long term use. The treater does not

mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

**Blood Test for Liver and Kidney Function:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Page(s): 70.

**Decision rationale:** According to the 10/22/2014 report, this patient presents with constant low back and extreme sharp right knee pain. The current request is for Blood test for liver and kidney function. The Utilization Review denial letter states "there is no meaningful clinical evidence that the patient may have an undetected condition that poses an immediate risk to life or health, and the patient is not currently on a medication that requires routine blood testing." The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The patient's current list of medications includes Vicodin, Soma, Toviaz, Viagra, and Ambien. In this case, the treating physician has not prescribed NSAIDs and MTUS supports CBC lab monitoring for patient that are taking NSAID, and other tests lab tests are not supported by MTUS. This request is not medically necessary.