

<b>Case Number:</b>	CM15-0003115		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on May 9, 2009. He has reported injury of the upper back, both shoulders, and neck. The diagnoses have included multilevel lumbar retrolisthesis, right acromioclavicular arthrosis with supraspinatus tendinosis, right hips pain, post-operative dysphonia and dysphagia. . Treatment to date has included surgery, medications, radiological imaging, and cortisone injections. Currently, the IW complains of neck and arm pain, and dysphagia. The records indicate a magnetic resonance imaging of the cervical spine completed on October 30, 2014, reveals disc bulging and post-operative changes. Recent physical findings show tenderness of the neck with spasms. He is currently awaiting an ear nose and throat specialist evaluation. On December 16, 2014, Utilization Review non-certified Hydrocortisone cream 2.5%, 30 mg, quantity #1, and Viagra 100 mg, quantity #15 based on MTUS, Chronic Pain Medical Treatment guidelines. On December 22, 2014, the injured worker submitted an application for IMR for review of Hydrocortisone cream 2.5%, 30 mg, quantity #1, and Viagra 100 mg, quantity #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocortisone cream 30mg 2.5% QTY:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus; U.S. National Library of Medicine

**Decision rationale:** The 56 year old patient presents with neck and arm pain along with dysphagia, as per progress report dated 12/01/14. The request is for HYDROCORTISONE CREAM 30 mg 2.5% QTY: 1.00. The RFA for this report was dated 12/08/14 and the patient's date of injury is 05/09/09. The patient is status post anterior cervical discectomy and fusion C3 through C7 on 09/27/11; and status post multiple lumbar decompressive surgeries, the last one being on 10/14/09, as per progress report dated 12/01/14. As per the same report, the patient has been diagnosed with multilevel lumbar retrolisthesis, right AC arthrosis with supraspinatus tendinosis, right hip pain, and post-operative dysphonia and dysphagia. MRI of the cervical spine dated 10/30/14 reveals small disc bulge at C6-7 along with operative changes. As per progress report dated 11/03/14, the patient reports pain in shoulder and back, and ambulates with the cane. The patient's condition has been determined as permanent and stationary, as per progress report dated 12/01/14. MTUS, ACOEM and ODG guidelines do not discuss Hydrocortisone cream. MedlinePlus, a service of the U.S. National Library of Medicine, states that Hydrocortisone is available with or without a prescription. Low-strength preparations (0.5% or 1%) are used without a prescription for the temporary relief of (1) minor skin irritations, itching, and rashes caused by eczema, insect bites, poison ivy, poison oak, poison sumac, soaps, detergents, cosmetics, and jewelry; (2) itchy anal and rectal areas; and (3) itching and irritation of the scalp. It is also used to relieve the discomfort of mouth sores. Hydrocortisone may be prescribed by your doctor to relieve the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions; the inflammation of ulcerative colitis (a condition which causes swelling and sores in the lining of the colon [large intestine] and rectum) or proctitis; or the swelling and discomfort of hemorrhoids and other rectal problems. In this case, none of the available progress reports document the need for Hydrocortisone cream. There is no discussion about the patient's skin problems. The purpose of this request is not known. Hence, it IS NOT medically necessary.

**Viagra 100mg QTY: 15.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number:0007

**Decision rationale:** The 56 year old patient presents with neck and arm pain along with dysphagia, as per progress report dated 12/01/14. The request is for VIAGRA 100 mg QTY: 15.00. The RFA for this report was dated 12/08/14 and the patient's date of injury is 05/09/09. The patient is status post anterior cervical discectomy and fusion C3 through C7 on 09/27/11; and status post multiple lumbar decompressive surgeries, the last one being on

10/14/09, as per progress report dated 12/01/14. As per the same report, the patient has been diagnosed with multilevel lumbar retrolisthesis, right AC arthrosis with supraspinatus tendinosis, right hip pain, and post-operative dysphonia and dysphagia. MRI of the cervical spine dated 10/30/14 reveals small disc bulge at C6-7 along with operative changes. In progress report dated 11/03/14, the patient reports pain in shoulder and back, and ambulates with the cane. The patient's condition has been determined as permanent and stationary, as per progress report dated 12/01/14. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number:0007, require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. In this case, the prescription for Viagra is first noted in progress report dated 06/09/14, and the patient has been using the medication consistently at least since then. In progress report dated 06/09/14, the treater states that the patient has erectile dysfunction which has improved with Viagra. However, there are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. This request IS NOT medically necessary.