

<b>Case Number:</b>	CM15-0169484		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/25/1999
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 11-25-99. The injured worker was diagnosed as having low back pain. Treatment to date has included lumbar spine surgery x 2 in 2001 and 2002, aquatic therapy, chiropractic treatments, a lumbar epidural injection, psychiatric treatments and a lumbar CT scan (results not documented). As of the PR2 dated 7-23-15, the injured worker reports constant, aching pain in his lumbar spine with radiation to the left lower extremity. He rates his pain a 3-5 out of 10 depending on activity. He also reported difficulty falling and staying asleep and as a result daytime fatigue. Objective findings include lumbar flexion 47 degrees, extension 11 degrees and a positive straight leg raise test bilaterally. The treating physician requested Norco 10-325mg #120, Baclofen 10mg #60, Motrin 800mg #60, Ambien 10mg #30 and Viagra 100mg. On 8-14-15 the treating physician requested a Utilization Review for Norco 10-325mg #120, Baclofen 10mg #60, Motrin 800mg #60, Ambien 10mg #30 and Viagra 100mg. The Utilization Review dated 8-19-15, non-certified the request for Norco 10-325mg #120, Baclofen 10mg #60, Motrin 800mg #60, Ambien 10mg #30 and Viagra 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. This patient is also currently prescribed Nucynta for pain. Norco 10/325mg #120 is not medically necessary.

**Baclofen 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. This patient is also currently taking Tizanidine as a muscle relaxant. Baclofen 10mg #60 is not medically necessary.

**Motrin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Motrin 800mg #60 is not medically necessary.

**Ambien 10mg #30:** 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), Pain (Chronic): Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. This patient is currently taking Lorazepam and Temazepam which are used for the treatment of insomnia. The addition of Ambien is not appropriate, Ambien 10mg #30 is not medically necessary.

**Viagra 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx. 01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

**Decision rationale:** Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction; 2. No concurrent use of nitrates. Any one of the following: a. Member is 55 years of age or older; b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease); c. Documentation of a normal testosterone level; d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product; e. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request). In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH; 2. Inadequate response or inability to tolerate an alpha blocker. Documentation in the patient's medical record fails to meet the above inclusion criteria. Viagra 100mg is not medically necessary.