

Case Number:	CM15-0186859		
Date Assigned:	09/28/2015	Date of Injury:	01/14/2014
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial injury on January 14, 2014. The injured worker was diagnosed as having somatic symptom disorder, lumbar radiculopathy, closed fracture of the lumbar vertebra without spinal cord injury and encounter for long-term use of medications. Treatment to date has included diagnostic studies, behavioral therapy (6 sessions), physical therapy (unknown number noted as failed), medications and work restrictions. The behavioral therapy note on July 2, 2015, revealed pain rated at 8 on a 1-10 scale with 10 being the worst. It was noted in the mornings he experiences flare ups with difficulty walking until his legs were warmed up. It was noted it was the 2 of 6 sessions of behavioral therapy. Evaluation on August 25, 2015, revealed continued chronic thoracolumbar pain. He noted his pain was unchanged from the previous visit. It was noted the lumbar range of motion was decreased with flexion limited to 50 degrees. Straight leg raise tests were noted as positive bilaterally. It was noted MRI revealed persistent retropulsed fragment of the descending nerve roots making attempts at kyphoplasty or vertebroplasty risky. It was noted he declined epidural steroid injection (ESI) for pain control. The physician opined surgical intervention of the at this point would likely not help. It was noted he had failed physical therapy. The treatment plan included using acupuncture therapy, discontinuing Norco, trialing Nucynta and continuing Terocin patches. His status was noted as permanent and stationary at maximal medical improvement. It was noted he had missed several appointments. There was no evidence or diagnosis of sexual dysfunction. There was no indication of a sexual function assessment. The

RFA included requests for Terocin patch 4% and Viagra 50mg that were non-certified on the utilization review (UR) on September 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4%: 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): Lidoderm (lidocaine patch), Salicylate topicals, Topical Analgesics.

Decision rationale: Terocin patch 4% is not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains: Menthol 4%; Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of postherpetic neuralgia in this patient and the fact that the request does not specify a quantity this request Terocin patches is not medically necessary.

Viagra 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Sildenafil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.ncbi.nlm.nih.gov/books/NBK38725/Diagnosis and Treatment of Erectile Dysfunction](http://www.ncbi.nlm.nih.gov/books/NBK38725/Diagnosis%20and%20Treatment%20of%20Erectile%20Dysfunction) and <https://www.viagra.com/>.

Decision rationale: Viagra 50mg is not medically necessary per an online review of this medication and a review of the diagnosis and treatment of erectile dysfunction. The MTUS Guidelines and the ODG do not address this request. An online review of this medication reveals that Viagra is a phosphodiesterase-5 (PDE5) inhibitor indicated for the treatment of erectile dysfunction (ED). A review of the diagnosis and treatment of erectile dysfunction online states that in many patients the cause of erectile dysfunction may be a combination of psychological

and organic factors. The review also states that efficacy of treatment reveals that treatment effectiveness consists of two dimensions: treatment response and treatment satisfaction. The request for this medication is not medically necessary for several reasons. The request, as written, does not specify a quantity. Furthermore, there is no evidence that the patient has had a thorough evaluation of potential etiologies of this condition. The request for Viagra is not medically necessary. [http://www.ncbi.nlm.nih.gov/books/NBK38725/Diagnosis and Treatment of Erectile Dysfunction](http://www.ncbi.nlm.nih.gov/books/NBK38725/Diagnosis%20and%20Treatment%20of%20Erectile%20Dysfunction) and <http://www.cialis.com>.