

<b>Case Number:</b>	CM15-0189291		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/12/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54-year-old male injured worker suffered an industrial injury on 4-12-2003. The diagnoses included pain in the shoulder and leg and degenerative lumbar lumbosacral disease. On 8-17-2015, the treating provider reported chronic neck, back, upper extremity pain and knee pain. The pain was rated 9 to 10 out of 10 without medication and 4 to 5 out of 10 with medication. He stated that he was able to walk better with less pain, exercise better and with less pain along with ability to do activities of daily living along with light housework. He stated Glucosamine had been helpful with regards to his left knee pain. He reported the TENS also helped with local pain relief. On exam, the lumbar spine was tender with decreased range of motion. The left knee had crepitus. Prior treatment included medication and physical therapy with home exercise program. The Utilization Review on 8-27-2015 determined non-certification for Glucosamine chondroitin caplet 500-400 mg Qty 90, Lidoderm 5% patch, Qty 60 with 6 refills and Viagra 100 mg tablet x5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine chondroitin caplet 500-400 mg Qty 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Glucosamine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, glucosamine chondroitin 500-400 mg #90 is not medically necessary. Glucosamine chondroitin is recommended as an option (glucosamine sulfate only) given his low risk in patients with moderate knee pain. Several studies have demonstrated a highly significant efficacy of glucosamine on all outcomes including joint space narrowing, pain, mobility, safety and response to treatment. In this case, the injured worker's working diagnoses are pain in joint shoulder; pain in thoracic spine; pain in joint lower leg; degeneration lumbar/lumbosacral disc; and neck pain. Date of injury is April 12, 2003. Request for authorization is August 20, 2015. According to an April 27, 2015 progress note, the treating provider prescribed glucosamine, Lidoderm patches and Viagra. According to a utilization review dated June 18, 2015, Viagra was certified. According to a progress note dated August 17, 2015, the injured worker's subjective complaints include chronic neck back and upper extremity pain. Glucosamine helps for the left knee pain. Objectively, there is lumbar spine tenderness to palpation and decreased range of motion. Sensory examination and motor examination is normal. There is knee tenderness, but no preferences noted. There were no radiographs indicating osteoarthritis. Glucosamine was prescribed for joint health. There is no documentation of joint narrowing, mobility, safety or objective functional improvement to support ongoing glucosamine. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, glucosamine chondroitin 500-400 mg #90 is not medically necessary.

**Lidoderm 5% patch, Qty 60 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5%, #60 with six refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be

designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are pain in joint shoulder; pain in thoracic spine; pain in joint lower leg; degeneration lumbar/lumbosacral disc; and neck pain. Date of injury is April 12, 2003. Request for authorization is August 20, 2015. According to an April 27, 2015 progress note, the treating provider prescribed glucosamine, Lidoderm patches and Viagra. According to a utilization review dated June 18, 2015, Viagra was certified. According to a progress note dated August 17, 2015, the injured worker's subjective complaints include chronic neck back and upper extremity pain. Glucosamine helps for the left knee pain. Objectively, there is lumbar spine tenderness to palpation and decreased range of motion. Sensory examination and motor examination is normal. There is no documentation of objective neuropathic pain on physical examination. Both sensory and motor examinations are unremarkable. There is no documentation demonstrating objective functional improvement to support ongoing Lidoderm patches. Additionally, there is no clinical indication for six refills without evidence of objective functional improvement. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no objective evidence of radiculopathy/neuropathy on examination, Lidoderm patch 5%, #60 with six refills is not medically necessary.

**Viagra 100 mg tablet x5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

**Decision rationale:** Pursuant to Medline plus, Viagra 100 mg #5 is not medically necessary. Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. In this case, the injured worker's working diagnoses are pain in joint shoulder; pain in thoracic spine; pain in joint lower leg; degeneration lumbar/lumbosacral disc; and neck pain. Date of injury is April 12, 2003. Request for authorization is August 20, 2015. According to an April 27, 2015 progress note, the treating provider prescribed glucosamine, Lidoderm patches and Viagra. According to a utilization review dated June 18, 2015, Viagra was certified. According to a progress note dated August 17, 2015, the injured worker's subjective complaints include chronic neck back and upper extremity pain. Glucosamine helps for the left knee pain. Objectively, there is

lumbar spine tenderness to palpation and decreased range of motion. Sensory examination and motor examination is normal. There is no documentation of objective neuropathic pain on physical examination. Both sensory and motor examinations are unremarkable. There is no documentation in the medical record concerning erectile dysfunction workup, testosterone levels or documentation demonstrating objective functional improvement to support ongoing Viagra. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no workup (including testosterone levels), Viagra 100 mg #5 is not medically necessary.