

Case Number:	CM15-0214236		
Date Assigned:	11/04/2015	Date of Injury:	07/31/2002
Decision Date:	12/18/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/30/2015

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 62 year old male, who sustained an industrial injury on July 31, 2002. He reported a left knee injury. Notes stated that he was also being treating for a separate low back injury. The injured worker was currently diagnosed as having pain in joint lower leg. Treatment to date has included diagnostic studies, exercise, medication, aqua therapy, lumbar epidural steroid injection, physical therapy and cane. Flexeril was included in his medication regimen as far back in the reviewed medical records as May 27, 2015. Viagra and gabapentin were included in his medication regimen as far back in the reviewed medical records as December 21, 2010. On September 22, 2015, the injured worker complained of left knee pain rated a 7 on a 1-10 pain scale. The pain was reported to get worse with colder temperatures and with prolonged walking. He reported occasional flare-ups of pain where it can become intense. He walked with an antalgic gait with the assistance of a cane. He uses Tramadol for more severe pain, which brings the pain down from a 9 on a 1-10 pain scale to a 7. He reported using gabapentin and Flexeril every day and having improvement in pain and function with the use of the medications. On the day of exam, his current medication regimen included Voltaren gel, Viagra, Flexeril, gabapentin, tramadol, metoprolol, aspirin, lisinopril, metformin and hydrochlorothiazide. The treatment plan included prescriptions for Gabapentin to taper down, Viagra, Flexeril, tramadol and a follow-up visit. On October 10, 2015, utilization review denied a request for Flexeril 10mg #60 and Viagra 100mg #10. A request for gabapentin 600mg #60 was modified to gabapentin 600mg #15. A request for Tramadol HCL-APAP 37.5-325mg #30 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 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: Based on the 09/22/15 progress report provided by treating physician, the patient presents with left knee pain rated 7/10 with and 9/10 without medications, and low back pain. The request is for Flexeril 10MG #60. Patient's diagnosis per Request for Authorization form dated 11/09/15 includes pain in the left knee, lumbar region intervertebral disc displacement, and pain in right hip. The patient has an antalgic gait. Physical examination findings for the left knee on 09/22/15 unremarkable. Physical examination of the lumbar spine on 11/06/15 revealed spasm and tenderness to palpation at the lumbosacral junction, right hip and right lateral iliac crest. Range of motion decreased 50% on extension and 25% on right lateral tilt. Treatment to date has included imaging studies, lumbar ESI exercise, aqua therapy, physical therapy and medications. Patient's medications include Tramadol, Flexeril, Gabapentin, Metoprolol, Aspirin 81mg, Metoprolol, Metformin, Hydrochlorothiazide, and Voltaren gel. The patient is permanent and stationary, and has reached maximum medical benefit, per 09/22/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Flexeril has been included in patient's medications per progress reports dated 05/27/15, 07/28/15, and 09/22/15. It is not known when this medication was initiated. Per 11/06/15 report, treater states the patient "occasionally have flare ups of pain where it can become intense. This happens a couple of times per month...[The patient] states that with the help of medications including Flexeril he can tolerate walking for longer periods of time and he can also sit for prolonged periods with less pain. He reports having improvement in pain and function with use of his medications including Flexeril, and denies side effects. He does not use this medication regularly. He uses this medication during periods of exacerbation of his muscle spasms..." Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain/spasm. While there is documentation that Flexeril has been effective, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 09/22/15 progress report provided by treating physician, the patient presents with left knee pain rated 7/10 with and 9/10 without medications, and low back pain. The request is for Gabapentin 600MG #60. Patient's diagnosis per Request for Authorization form dated 11/09/15 includes pain in the left knee, lumbar region intervertebral disc displacement, and pain in right hip. The patient has an antalgic gait. Physical examination findings for the left knee on 09/22/15 unremarkable. Physical examination of the lumbar spine on 11/06/15 revealed spasm and tenderness to palpation at the lumbosacral junction, right hip and right lateral iliac crest. Range of motion decreased 50% on extension and 25% on right lateral tilt. Treatment to date has included imaging studies, lumbar ESI exercise, aqua therapy, physical therapy and medications. Patient's medications include Tramadol, Flexeril, Gabapentin, Metoprolol, Aspirin 81mg, Metoprolol, Metformin, Hydrochlorothiazide, and Voltaren gel. The patient is permanent and stationary, and has reached maximum medical benefit, per 09/22/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin has been included in patient's medications per progress reports dated 05/27/15, 07/28/15, and 09/22/15. It is not known when this medication was initiated. Per 11/06/15 report, treater states the patient "does have benefit with use of gabapentin which helps with his neuropathic pain in his legs so that it does not spread that far down the leg. He states that with the help of medications including Flexeril he can tolerate walking for longer periods of time and he can also sit for prolonged periods with less pain... He reports having improvement in pain and function with use of his medications including Gabapentin, and denies side effects..." Given patient's continued pain and documentation of benefit from medication, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wallace Kazer M. Issues regarding sexuality. In: Boltz M, Capezuti E, Fulmer T, Zwicker D, editors(s). Evidence based geriatric nursing protocols for best practice, 4th ed. New York (NY): Springer Publishing Company; 2012. p. 500-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: Based on the 09/22/15 progress report provided by treating physician, the patient presents with left knee pain rated 7/10 with and 9/10 without medications, and low back

pain. The request is for VIAGRA 100MG #10. Patient's diagnosis per Request for Authorization form dated 11/09/15 includes pain in the left knee, lumbar region intervertebral disc displacement, and pain in right hip. The patient has an antalgic gait. Physical examination findings for the left knee on 09/22/15 unremarkable. Physical examination of the lumbar spine on 11/06/15 revealed spasm and tenderness to palpation at the lumbosacral junction, right hip and right lateral iliac crest. Range of motion decreased 50% on extension and 25% on right lateral tilt. Treatment to date has included imaging studies, lumbar ESI exercise, aqua therapy, physical therapy and medications. Patient's medications include Tramadol, Flexeril, Gabapentin, Metoprolol, Aspirin 81mg, Metoprolol, Metformin, Hydrochlorothiazide, and Voltaren gel. The patient is permanent and stationary, and has reached maximum medical benefit, per 09/22/15 report. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. AETNA also does not support performance-enhancing drugs such as Viagra or Cialis. Viagra has been included in patient's medications per progress reports dated 05/27/15, 07/28/15, and 09/22/15. It is not known when this medication was initiated. Per 11/06/15 report, treater states "...the patient does have erectile dysfunction due to his chronic pain... He does report difficulty with maintaining erection due to pain, but prior to his injury he did not have this problem...He takes Viagra as needed to help with sexual dysfunction and he states that it does help him correct his difficulty with maintaining an erection..." In this case, there is no psychosocial evaluation, nor medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels. In addition, some guidelines such as the AETNA consider life-enhancing medications not medically necessary. This request is not in accordance with guidelines. Therefore, the request for Viagra IS NOT medically necessary.