

<b>Case Number:</b>	CM15-0217452		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Hawaii  
 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 61 year old male, who sustained an industrial injury on 1-28-14. The documentation on 10-21-15 noted that the injured worker has complaints of neck pain; left shoulder pain and low back pain. The documentation noted there is mild narrowing of the central canal at L3-4 without evidence for central nerve root impingement. Left shoulder range of motion is decreased. The diagnoses have included spinal stenosis, lumbar region. Treatment to date has included Norco; Tylenol #4; tramadol; sildenafil and cyclobenzaprine. The original utilization review (10-30-15) non-certified the request for sildenafil 20mg #30 with 6 refills and cyclobenzaprine 10mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sildenafil 20mg #30 with 6 refills:** 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 [REDACTED], Erectile Dysfunction.

**Decision rationale:** The patient presents with neck, left shoulder and low back pain. The current request is for Sildenafil 20mg #30 with 6 refills. The treating physician's report dated 10/21/2015 (5B) does not provide a rationale for the request. However, the examination notes sexual dysfunction not related to the spine. The medical records do not show a history of Sildenafil use. Regarding erectile dysfunction, the MTUS, ACOEM do not discuss it. ODG guidelines states that etiology of decreased sexual function is multifactorial including chronic pain itself, decreased testosterone that occurs with aging; as a side effects from other medications used to treat pain; and due to comorbid conditions such as diabetes, HTN and vascular disease. Under Sexual function, ODG states "trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate nonsignificant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction." The use of Viagra is not mentioned in ODG. However, [REDACTED] guidelines under erectile dysfunction consider Viagra lifestyle enhancement or performance and exclude it under pharmacy benefit. In this case, the physician does not discuss erectile dysfunction. There is no psychosocial evaluation and no testosterone level provided. The current request is not medically necessary.

**Cyclobenzaprine 10mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** The patient presents with neck, left shoulder and low back pain. The current request is for Cyclobenzaprine 10mg #60 with 3 refills. The treating physician's report dated 10/21/2015 does not provide a rationale for the request. Medical records show that the patient has a history of using Flexeril since 04/2015. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, long-term use of cyclobenzaprine is not supported by the MTUS guidelines. The current request is not medically necessary.