

Case Number:	CM15-0084254		
Date Assigned:	05/06/2015	Date of Injury:	12/09/2010
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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: Connecticut, California, Virginia
 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 40 year old male, who sustained an industrial injury on 12/09/2010. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc disease and spinal enthesopathy. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 03/31/2015, the injured worker complained of low back pain and weakness. Objective findings were notable for hypertonicity, spasm and tenderness to palpation of the paravertebral muscles of the lumbar spine, spinous process tenderness at L4 and L5, positive left straight leg raise in the supine position at 45 degrees. A request for authorization of Viagra, Flexeril and Ultram was submitted. There was no indication as to why the requests were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 25mg #26: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Urologic Association Treatment Guidelines.

Decision rationale: The CA MTUS does not address Viagra, and therefore the American Urologic Association recommendations provide the preferred mechanism for assessing the clinical rationality for use in this case. The American Urologic Association Treatment Guidelines recommend phosphodiesterase inhibitors like Viagra as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to erectile dysfunction and that may contraindicate therapy. The provided documents requesting Viagra in this case provide no subjective complaints of erectile dysfunction, and without further details regarding the request, Viagra is not medically necessary.

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on the drug previously, while the provided documents state there is paraspinal muscle spasm on exam, Flexeril is not medically necessary.

Ultram 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads.pdfs/opioid_final_evidence_report.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit

frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request for Ultram is not medically necessary.