

<b>Case Number:</b>	CM15-0086587		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Emergency 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 (IW) is a 39-year-old male who sustained an industrial injury on 01/25/2007 due to a mechanical blow to the head. Diagnoses include cervicgia, brachial neuritis/radiculitis NOS and lumbago. Treatments to date include medications, physical therapy, epidural steroid injections and rehabilitation. A CT scan and MRIs were done. According to the progress notes dated 1/5/15, the IW reported neck pain with left arm pain and occipital headache and low back pain with left leg pain. He also reported more severe and frequent headaches and poor sleep quality. He rated his average pain, mood and functional level since his last visit as 9/10. The Agreed Medical Evaluation in Urology on 4/30/14 stated the IW is also diagnosed with decreased libido and sexual dysfunction due to chronic narcotic medication use which led to hypogonadism; the IW will require exogenous testosterone. The notes stated Viagra in combination with testosterone would help his erectile dysfunction. A request was made for Baclofen; Viagra 100mg, #10; Sancuso patch weekly, #4 and Celebrex 200mg for muscle spasms, erectile dysfunction, nausea and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63 and 64.

**Decision rationale:** As per MTUS Chronic pain guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. Chronic use is not recommended. Baclofen is not medically necessary.

**Viagra 100mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/12414331](http://www.ncbi.nlm.nih.gov/pubmed/12414331).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Montague DK, Jarow JP, et al: The American Urological Association's The Management of Erectile Dysfunction: An Update. Baltimore, MD: American Urological Association, 2007.

**Decision rationale:** Information concerning treatment of erectile dysfunction is not available in MTUS chronic pain, ACOEM or Official Disability Guidelines. As per American Urological Association guidelines, Viagra/Sildenafil is a valid treatment for erectile dysfunction. Patient is being assessed by a Urologist who has determined that patient's dysfunction is directly related to hypogonadism from high dose opioids from chronic pain related to injury. Urology notes recommend Viagra. Patient meets guidelines for Viagra under current opioid regimen. Viagra is medically necessary.

**Sancuso Patch Q Weekly #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/19304880](http://www.ncbi.nlm.nih.gov/pubmed/19304880).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Sancuso or Granisetron patch is an anti-nausea medication. As per Official Disability Guidelines (ODG), anti-emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Patient has been on this medication chronically and there is no documentation from provider as to why patient having any nausea, why patient cannot take oral Antiemetics. Sancuso is not medically necessary.

**Celebrex 200mg (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risks Page(s): 68 and 69.

**Decision rationale:** Celebrex is a COX-2 selective inhibitor, an NSAID. As per MTUS Chronic pain guidelines, COX-2 inhibitors like Celebrex is recommended only for patient are with risk of gastrointestinal events like bleeds or failure of other treatment modalities like PPIs. There is no documentation of patient's other medical problems or any risks for GI events. Documentation does not support use of Celebrex. Therefore, this request is not medically necessary.