

<b>Case Number:</b>	CM14-0121069		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45 year-old-male who experienced an industrial injury 10/10/11. The mechanism of injury was not noted. At appointment on 07/17/14, he complained of neck pain and intermittent numbness and tingling. He was being seen for a medical re-evaluation of his neck and shoulder pain, and headaches. He reported 40 percent decrease in pain and spasm from the Cyclobenzaprine, Ambien helps to initiate sleep four times per week and Methylphenidate for ADHD, but he has ran out and is experiencing worsening ADHD symptoms. Assessment/Plan at this time was 1) Degeneration of cervical intervertebral disc; 2) Displacement of cervical intervertebral disc without myelopathy, cyclobenzaprine 10 mg tablet, zolpidem 10 mg tablet, methylphenidate 10 mg tablet; 3) Psychalgia; 4) Psychogenic headache. Treatment recommendations included medications Cyclobenzaprine, Ambien, Ritalin, Viagra, home exercise program, pain psychology evaluation, neuropsych evaluation, and acupuncture. Diagnoses were 1) Degeneration of cervical intervertebral disc; 2) Displacement of cervical intervertebral disc without myelopathy 3) Psychalgia; 4) Psychogenic headache.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-194, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, 60, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Cyclobenzaprine 10 mg, per ODG website.

**Decision rationale:** Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. The request is not medically necessary.

**Methylphenidate 10 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1065-1066.

**Decision rationale:** A search of the California MTUS, including ACOEM, did not reveal guidelines appropriate to the request, therefore alternate guidelines were consulted. National Collaborating Centre for Mental Health. Attention deficit hyperactivity disorder. Diagnosis and management of ADHD in children, young people and adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Sep. 59 p. (Clinical guideline; no. 72). Progress noted provided for review stated that the patient was taking Ritalin (methylphenidate) for attention deficit hyperactivity disorder. Treatment with Ritalin is recommended for adults with attention deficit hyperactivity disorder with moderate or severe impairment. The available records do not reflect the patient experiencing moderate to severe impairment due to attention deficit hyperactivity disorder so the request is not medically necessary.

**Medication Viagra:** 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 Other Medical Treatment Guideline or Medical Evidence: National Guidelines Clearinghouse

**Decision rationale:** A search of the California Medical Treatment Utilization Schedule, including ACOEM, does not make any recommendations regarding the use of Viagra for treatment of pain, and alternative guidelines have therefore been sought. The current clinical

guidelines found in the National Guidelines Clearinghouse, recommend the management of erectile dysfunction begins with the identification of organic comorbidities and psychosexual dysfunctions; both should be appropriately treated or their care triaged. Guidelines state that the currently available therapies that should be considered for the treatment of erectile dysfunction include the following: oral phosphodiesterase type 5 (PDE5) inhibitors, intra-urethral alprostadil, intracavernous vasoactive drug injection, vacuum constriction devices, and penile prosthesis implantation. These appropriate treatment options should be applied in a stepwise fashion with increasing invasiveness and risk balanced against the likelihood of efficacy (based on review of data and Panel consensus). Proceeding with conservative treatment in the form of one prescription of Viagra is not indicated at this time. The guidelines clearly state that the appropriate treatment options should be applied in a stepwise fashion with increasing invasiveness and risk balanced against the likelihood of efficacy. The documents provided indicated that the patient had yet to make an appointment for a psychotherapy appointment. Due to the clinical findings and guidelines cited, Viagra is not medically necessary.

**Zolpidem 10 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Zolpidem 10 mg

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien long term. Long-term use is not recommended. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request for Ambien is not medically necessary.