

<b>Case Number:</b>	CM14-0086877		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/19/2000
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 68-year-old male who has submitted a claim for lumbosacral degenerative joint disease, leiomyosarcoma status post-surgery, diabetes, hypertension, and erectile dysfunction associated with an industrial injury date of 8/19/2000. Medical records from 2001 to 2014 were reviewed. The patient complained of right-sided low back pain with muscle spasm. Physical examination of the lumbar spine showed muscle spasm, tenderness, and restricted range of motion. Positive trigger points were noted at the right sciatic notch. Motor, reflexes, and sensory exam were normal. Treatment to date has included physical therapy, use of a TENS unit, and medications such as Nexium, morphine, Lidoderm patch, and Viagra (all since January 2014). The Utilization review from 5/27/2014 denied the request for morphine 15 mg because of unspecified quantity; denied Zanaflex 2 mg, quantity 60 because there was no documentation of functional improvement from previous use; denied TENS unit and supplies because there was no report of functional improvement from previous use of TENS unit; denied Lidoderm patch 5%, quantity one because there was no current documentation of neuropathic pain symptoms and physical exam findings; and denied Viagra 100 mg because of no current documentation of sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine 15mg (Unspecified Quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on morphine since January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Morphine 15mg (Unspecified Quantity) is not medically necessary.

**Zanaflex 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since January 2014. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of tizanidine is not recommended. Moreover, there was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for Zanaflex 2mg #60 is not medically necessary.

**Lidoderm Patch 5%, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm: Topical Analgesics Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, records reviewed showed that the patient was on Lidoderm

patch since January 2014. There was no documentation that the patient was initially subjected to first-line therapy. Moreover, there was no documentation concerning pain relief and functional improvement derived from its use. Lastly, clinical manifestations were not consistent with neuropathy to warrant lidocaine patch. Therefore, the request for Lidoderm Patch 5%, #1 is not medically necessary.

**Viagra 100mg, #1:**

**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: American Urological Association Treatment Guidelines, Phosphodiesterase type 5 inhibitors.

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Urological Association Treatment Guidelines, phosphodiesterase type 5 inhibitors was used instead. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction. In this case, the patient was first prescribed Viagra since January 2014. Patient had a history of erectile dysfunction. However, the most recent progress reports failed to provide evidence of functional improvement from use of Viagra. Moreover, there were no recent subjective complaints concerning sexual dysfunction. There is no clear indication for continuing Viagra treatment at this time. Therefore, the request for Viagra 100mg, #1 is not medically necessary.

**Tens supplies, Electrodes 8 Pairs Per Month for Lifetime (Unspecified Total Quantity), #1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation TENS; TENS Post Operative Pain Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient has been using TENS unit since 2013. However, there was no documented symptom relief and functional improvement attributed to its use. There is no clear indication for certifying TENS unit supplies at this time. The medical necessity cannot be established due to insufficient information.

Therefore, the request for Tens supplies, Electrodes 8 Pairs per Month for Lifetime (Unspecified Total Quantity), #1 is not medically necessary.

**Tens supplies, 6 Batteries Per Month for Lifetime (Unspecified Total Quantity), #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation TENS; TENS Post Operative Pain Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient has been using TENS unit since 2013. However, there was no documented symptom relief and functional improvement attributed to its use. There is no clear indication for certifying TENS unit supplies at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Tens supplies, 6 Batteries per Month for Lifetime (Unspecified Total Quantity), #1 is not medically necessary.