

<b>Case Number:</b>	CM14-0218986		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: 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 (IW) is a 47 year old male who sustained an industrial injury on 3/31/2010. He has reported neck and back pain with associated tingling and numbness in all extremities and was diagnosed with cervical myeloradiculopathy/post-op decompression, residual cord compression myelopathy, chronic cervical radiculopathies, post-traumatic headaches, thoracic pain, lumbar disc disease and depressive symptoms. Treatment to date has included pain medications, neurosurgeon consultations, 2 surgical procedures of the neck and back, a neck brace, physical therapy, psychological evaluation and anti-depressive agents. Currently, the IW complains of pain in the neck, back and extremities with tingling and numbness of the extremities. The IW continued to complain of pain with associated tingling and numbness as previously noted. Pain medications, antidepressants, muscle relaxers and surgical procedures were used to alleviate the continuing pain from the time of injury through January 7, 2014. On that date review of a magnetic resonance image (MRI) revealed postoperative changes without abnormal motion. It was noted on November 1, 2013 the IW was encouraged to increase the upper body exercises. On January 7, 2014, the current physician noted there was nothing further to do and did not make a follow up appointment. The IW was noted to have anxiety and depression and underwent psychological evaluation. On evaluation on June 4, 2014, he noted wearing a neck brace all the time and continued to have pain in the neck with associated headaches, sexual dysfunction and occasional nosebleeds. The neurological symptoms were described as homunculus. Psychological therapy was continued and Viagra, cyclobenzaprine and Vicodin were requested. On December 18, 2014, Utilization Review (UR) non-certified Viagra,

cyclobenzaprine and Vicodin noting the MTUS and ODG guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of the non-certified Viagra, cyclobenzaprine and Vicodin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Viagra 100mg #10: Upheld**

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

<http://www.ncbi.nlm.nih.gov/pubmed/11511713> J Neurol Neurosurg Psychiatry. 2001 Sep;71(3):371-4

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number:0007

**Decision rationale:** The patient presents with persistent pain in the neck, rated at 7/10 without medications, along with chronic C3, C4 and C5 radiculopathies and chronic right C5-6 radiculopathy, as per progress report dated 12/10/14. The request is for VIAGRA 100 mg # 10. The patient ambulates with the help of a cane and has a severely restricted cervical range of motion. Diagnoses also includes cervical myeloradiculopathy / post-op cervical decompression in 01/11, residual cord compression / myelopathy and anterior decompression/fusion. As per the QME report dated 06/04/14, the patient also complains of constant pain at the base of his head along with resisted motion in the left shoulder. Medications, as per progress report dated 10/16/14, include Vicodin, Cyclobenzaprine and Viagra. The patient is off work, as per progress report dated 12/10/14. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number:0007, require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. In this case, the patient has been diagnosed with sexual dysfunction, as per progress report dated 12/10/14. In progress report dated 10/16/14, the treater states that the medication is for 'erectile dysfunction.' However, there are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA considers life-enhancing medications not medically necessary. This request IS NOT medically necessary.

#### **Vicodin 7.5-325mg #100: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with persistent pain in the neck, rated at 7/10 without medications, along with chronic C3, C4 and C5 radiculopathies and chronic right C5-6 radiculopathy, as per progress report dated 12/10/14. The request is for VICODIN 7.5 - 325 mg # 100. The patient ambulates with the help of a cane and has a severely restricted cervical range of motion. Diagnoses also includes cervical myeloradiculopathy / post-op cervical decompression in 01/11, residual cord compression / myelopathy and anterior decompression/fusion. As per the QME report dated 06/04/14, the patient also complains of constant pain at the base of his head along with resisted motion in the left shoulder. Medications, as per progress report dated 10/16/14, include Vicodin, Cyclobenzaprine and Viagra. The patient is off work, as per progress report dated 12/10/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Vicodin is first noted in progress report dated 05/01/14, and the patient has been receiving the medication consistently at least since then. In progress report dated 12/10/14, the treater states that the pain level reduced from 7/10 to 4-5/10 with the use of medications. The treater, however, does not use a validated instrument to show significant functional improvement and no outcome measures are provided. Progress report, dated 05/01/14, states that UDS is consistent with opioid use but none of the progress reports document CURES report, opiate agreement and side effects associated with chronic opioid use. MTUS requires specific discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for prolonged use. Nonetheless, in progress report dated 12/10/14, the treater states that current request is for weaning, and the patient has been advised to 'take less tablet per day.' The request for weaning appears reasonable and IS medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with persistent pain in the neck, rated at 7/10 without medications, along with chronic C3, C4 and C5 radiculopathies and chronic right C5-6 radiculopathy, as per progress report dated 12/10/14. The request is for CYCLOBENZAPRINE 10 mg # 30. The patient ambulates with the help of a cane and has a severely restricted cervical range of motion. Diagnoses also includes cervical myeloradiculopathy / post-op cervical decompression in 01/11, residual cord compression / myelopathy and anterior decompression/fusion. As per the QME report dated 06/04/14, the patient also complains of constant pain at the base of his head along with resisted motion in the left shoulder. Medications, as per progress report dated 10/16/14, include Vicodin, Cyclobenzaprine and Viagra. The patient is off work, as per progress report dated 12/10/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-

term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 10/16/14. In progress report dated 12/10/14, the treater states that the medication was not approved. It is not clear when the patient started using this medication. The UR letter, however, states that the patient has been using it 'chronically.' Nonetheless, the treater does not document any improvement in pain or function. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, this request IS NOT medically necessary.