

Case Number:	CM14-0064485		
Date Assigned:	07/11/2014	Date of Injury:	07/01/2011
Decision Date:	05/27/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old male who sustained an industrial injury on 07/01/2011. He reported low back pain with radiation down the left lower extremity. The injured worker was diagnosed as having lumbosacral strain /arthritis/discopathy with lateral recess stenosis, left knee patellofemoral syndrome, left foot and ankle sprain/strain, dermatological complaints, and sleep disturbance. Treatment to date has included conservative management. Currently, the injured worker complains of ongoing pain down his left leg from his lumbar spine. Issues of work hardening were discussed in this session, as were issues of further treatments. The medications of Ibuprofen, Atenolol, Lisinopril, Zantac, and Viagra were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 10% cream #60 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis are lumbosacral strain / arthrosis / discopathy with lateral recess stenosis; left knee patellofemoral syndrome; left ankle sprain/strain; and sleep disturbance. The request for authorization is dated April 8, 2014. The progress note similarly dated April 8, 2014, subjectively states the injured worker is taking blood pressure medicines and has significant ongoing pain that radiates into the left leg. Objectively, there is tenderness palpation over the lower back the positive straight leg raising. Ibuprofen 10% cream is not FDA approved for topical use. Any compounded product that contains at least one drug (ibuprofen 10%) that is not recommended is not recommended. Consequently, ibuprofen 10% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, ibuprofen 10% cream #60 g is not medically necessary.

Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. American Urological Association Education and Research, Inc. 2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: Pursuant to Medline plus, Viagra 100 mg #10 is not medically necessary. Viagra is used to treat erectile dysfunction in men. Sildenafil is used to improve the ability of exercise and adults with pulmonary hypertension. For additional details see the attached link. In this case, the injured worker's working diagnosis are lumbosacral strain/arthrosis/discopathy with lateral recess stenosis; left knee patellofemoral syndrome; left ankle sprain/strain; and sleep disturbance. The request for authorization is dated April 8, 2014. The progress note similarly dated April 8, 2014, subjectively states the injured worker is taking blood pressure medicines and has significant ongoing pain that radiates into the left leg. Objectively, there is tenderness to palpation over the lower back with positive straight leg raising. There is no documentation of erectile dysfunction in the medical record. There are no diagnoses compatible with erectile dysfunction medical record. The subjective section (of the contemporaneous progress note dated April 8, 2014) does not provide subjective improvement with ongoing Viagra. Progress note

dated January 21, 2014 shows the injured worker was taking Viagra 20 mg. There is no clinical rationale for the injured worker's Viagra 100 mg prescription. There is no clinical indication or rationale documented in the medical record for Viagra. Consequently, absent clinical documentation of erectile dysfunction, objective functional improvement with Viagra and the clinical indication or rationale for Viagra (based on the missing clinical documentation above), Viagra 100 mg #10 is not medically necessary.