

Case Number:	CM15-0000527		
Date Assigned:	01/12/2015	Date of Injury:	02/23/2009
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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:

This is a 47 year old male with a work injury dated 02/03/2009. He states he tripped while walking and carrying a heavy item, causing his left side to bear all the weight. He presents on 11/03/2014 for follow up. He states his activity level has remained the same. He states he had not been able to fill his medication at the pharmacy the last month. He is reporting pain as 7/10. Current medications were Aciphex, Celebrex, Gabapentin, Flexeril, and Viagra. The diagnoses have included pain in lower leg, causalgia lower limb and spasm of muscle. Treatment to date includes surgery of left ankle times 2, AFO braces, physical therapy and pain medications. He states he has been without Flexeril, Gabapentin, and Aciphex. He notes more burning and neuropathic pain to his left ankle and left dorsal foot without use of gabapentin. He also complains of pain in right knee upward to right hip. The IW was rated temporary total disability. Physical exam revealed a left sided antalgic, slowed gait without use of assistive devices. Straight leg raising test was negative. Left ankle movement was restricted with pain in dorsiflexion. Tenderness was noted all over the whole lateral aspect of the ankle joint. Motor testing was limited by pain. On 12/24/2014 utilization review non-certified the request for Flexeril 10 mg # 60 noting it is recommended for short term treatment of muscle spasms and the IW had been using it since at least April 2013. Guidelines cited were MTUS. Viagra was also non-certified noting the progress report stated that the patient had no side effects from the medication he was taking including erectile dysfunction. Guidelines cited were: Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation, Arnhem, The Netherlands: European Association of Urology 2009 Mar. On 01/02/2015 the injured worker

submitted an application for IMR for review of the request for Flexeril 10 mg # 60 and Viagra 50 mg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #60: Upheld

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

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

Decision rationale: The patient is a 48 year old male with an injury date of 02/23/09. Per the 11/24/14 report he presents with left ankle pain and listed diagnoses of: Pain in joint, lower leg; Causalgia lower limb; and Spasm of muscle. The current request is for FLEXERIL 10 mg #60 Cyclobenzaprine-- per the 12/17/14 RFA. The patient is not currently working. MTUS guidelines page 64 states the following, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 11/24/14 and prior reports state that this medication is for muscle spasms that the patient reports worsen when pain worsens. The treater also states regarding Flexeril: patient has notable muscle spasms to left medial calf which he states has worsened since initiation of new AFO brace. Flexeril significantly reduces these spasms and allows him to tolerate walking. In this case, it does appear that the medication is a second line option as the patient is prescribed an NSAID Celebrex and Gabapentin. However, guidelines recommend short-term use of not more than 2-3 weeks, and the reports provided for review show this medication has been prescribed since at least 06/09/14. Lacking recommendation by guidelines, the request IS NOT medically necessary.

Viagra 50 MG #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007

Decision rationale: The patient is a 48 year old male with an injury date of 02/23/09. Per the 11/24/14 report he presents with left ankle pain and listed diagnoses of: Pain in joint, lower leg; Causalgia lower limb; and Spasm of muscle. The current request is for VIAGRA 50 mg #10 per the 12/17/14 RFA. The patient is not currently working, and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile

dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. The reports provided show that the patient has been prescribed this medication since at least 06/09/14. The treater states on the 11/24/14 and prior reports that Viagra is for sexual side effects from use of Gabapentin. There is no documentation of physical examination and laboratory tests for diagnosis of ED. There is no documentation of testosterone levels showing hypogonadism. Furthermore, the treater makes the general statement that the current regimen of medications optimize function and ADL's; however, the reports do not discuss how this medication is helping the patient. In this case, there is no documentation of erectile dysfunction and the AETNA guidelines do not recommend this medications. Therefore, this request IS NOT medically necessary.