

<b>Case Number:</b>	CM15-0110584		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/15/2006
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 7/15/06. He reported injury to head and upper extremities. The injured worker was diagnosed as having post laminectomy syndrome of cervical region, cervical radiculitis, carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included cervical spine fusion surgery 2007, 2009 and 2013; psychotherapy, activity restrictions, oral medications including Percocet, Lyrica, Zoloft, Nucynta, physical therapy and home exercise program. Currently, the injured worker complains of neck pain with grinding and restricted movement of neck, tingling radiation to back, right leg gives out and difficulty sleeping due to the pain. He rates the pain 5-9/10 and constant. He may work with restricted duties. Physical exam noted hypersensitivity to touch in the bilateral trapezius muscles, restricted range of motion, pain in cervical paraspinal area with restricted range of motion of right shoulder, decreased sensation to touch in the forearm and decreased grip strength in the right hand. The treatment plan included trial of Vistaril, prescription for Nucynta, increasing Lyrica, continuation of Zoloft and authorization of Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED, Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient presents with neck pain radiating into the right shoulder, with tingling and numbness in the right hand. Patient is status post cervical spine fusion surgery 2007, 2009 and 2013. The request is for GRALISE 600 MG # 90. Patient's diagnosis on 03/18/15 includes postlaminectomy syn - worse, cervical radiculitis - worse, carpal tunnel syndrome - worse, and chronic pain syndrome - worse. Physical examination on 03/09/15 revealed tenderness to palpation to the trapezius muscles bilaterally and cervical paraspinals. Range of motion to the cervical spine was limited in all planes with pain. Treatment to date has included psychotherapy, activity restrictions, physical therapy, home exercise program and medications. Patient's medications, per 12/16/14 progress report include Butrans Patch, Zoloft, Zipsor, and Lyrica. The patient is on modified duty. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater has not discussed this request. There was no RFA either. Review of the medical records provided do not indicate a prior use of this medication. It appears that treater is initiating this medication. The patient continues to suffer of neck pain with tingling and numbness in the right hand, and is diagnosed with cervical radiculitis. Given the patient's condition, a trial of this medication appears reasonable and would be indicated by guidelines. Therefore, the request IS medically necessary.

**Viagra 50 mg #3: 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 AETNA Guidelines Clinical Policy Bulletin No. 0007.

**Decision rationale:** The patient presents with neck pain radiating into the right shoulder, with tingling and numbness in the right hand. Patient is status post cervical spine fusion surgery 2007, 2009 and 2013. The request is for VIAGRA 50 MG # 3. Patient's diagnosis on 03/18/15 includes postlaminectomy syn - worse, cervical radiculitis - worse, carpal tunnel syndrome - worse, and chronic pain syndrome - worse. Physical examination on 03/09/15 revealed tenderness to palpation to the trapezius muscles bilaterally and cervical paraspinals. Range of motion to the cervical spine was limited in all planes with pain. Treatment to date has included psychotherapy, activity restrictions, physical therapy, home exercise program and medications. Patient's medications, per 12/16/14 progress report include Butrans Patch, Zoloft, Zipsor, and Lyrica. The patient is on modified duty. The MTUS 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. In 01/13/15 progress report, treater is initiating this medication, stating that patient has ED related to his industrial injury. However, there is no psychosocial evaluation, nor medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels. Some guidelines such as AETNA consider life-enhancing medications not medically necessary. Therefore, the request for Viagra IS NOT medically necessary.

**Nucynta 75 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with neck pain radiating into the right shoulder, with tingling and numbness in the right hand. Patient is status post cervical spine fusion surgery 2007, 2009 and 2013. The request is for NUCYNTA 75 MG #90. Patient's diagnosis on 03/18/15 includes postlaminectomy syn - worse, cervical radiculitis - worse, carpal tunnel syndrome - worse, and chronic pain syndrome - worse. Physical examination on 03/09/15 revealed tenderness to palpation to the trapezius muscles bilaterally and cervical paraspinals. Range of motion to the cervical spine was limited in all planes with pain. Treatment to date has included psychotherapy, activity restrictions, physical therapy, home exercise program and medications. Patient's medications, per 12/16/14 progress report include Butrans Patch, Zoloft, Zipsor, and Lyrica. The patient is on modified duty. 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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Progress report with this request, nor RFA were provided. Review of the medical records do not indicate prior use of this medication. It appears that treater is initiating this medication. When initiating opiates for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Furthermore, treater has not documented baseline pain nor functional assessment, including daily activities. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Vistaril 25 mg #60:** 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 Official Disability Guidelines (ODG) Pain Chapter under Insomnia treatment.

**Decision rationale:** The patient presents with neck pain radiating into the right shoulder, with tingling and numbness in the right hand. Patient is status post cervical spine fusion surgery 2007, 2009 and 2013. The request is for VISTARIL 25 MG # 60. Patient is status post multiple cervical spine surgeries, dates unspecified. Physical examination to the cervical spine on 03/09/15 revealed tenderness to palpation to the trapezius muscles bilaterally and cervical paraspinals. Range of motion was limited in all planes with pain. Per 03/18/15 progress report, patient's diagnosis include postlaminectomy cer syn - worse, cervical radiculitis - worse, carpal tunnel syndrome - worse, and chronic pain syndrome - worse. Patient's medications, per 12/16/14 progress report include Butrans Patch, Zoloft, Zipsor, and Lyrica. Patient's work status is modified duties. ODG guidelines has the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Treater has not provided medical rationale for the request. It appears treater is initiating Vistaril. However, provided progress reports do not document any symptoms or diagnosis of insomnia, for which the requested medication is indicated. Additionally, ODG states that tolerance develops within a few days, thus not providing long-term support. In this case, the request for quantity 90 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.