

<b>Case Number:</b>	CM15-0116048		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Emergency 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 is a 43 year old male, who sustained an industrial injury on 10/20/00. He reported initial complaints of cervical spine, left shoulder, thoracic spine, lumbar spine and right hip . The injured worker was diagnosed as having erectile dysfunction due to chronic pain. Treatment to date has included status post shoulder arthroscopy, subacromial decompression, debridement and excision of distal clavicle (5/2/13); physical therapy; left shoulder injection (1/2015); medications. Diagnostics included MRI cervical spine (9/16/11); MRI thoracic spine (9/22/11; 9/26/14); MRI arthrogram left shoulder (12/6/12); MRI right hip (1/16/13); MRI lumbar spine (1/16/13); MRI cervical spine (9/25/14). Currently, the PR-2 notes dated 5/12/15 indicated the injured worker was seen on this date as a re-examination. The injured worker denies any recurrent rectal bleeds since his bout of 12/25/14 episode. He did see a surgeon regarding hemorrhoid issue on 4/13/15 and it was recommended a colonoscopy and EGD be completed before any surgical intervention be considered. He also saw an orthopedic surgeon for the right hip pain and it was recommended that a right hip arthroscopic repair verses debridement of the labral tear and femoroplasty of the ACAM lesion on the femoral head and neck be considered. The injured worker desires to go forward and proceed with this surgery due to his unbearable pain. He reports he is unable to take oral pain medications and still not seen the GI specialist. His current complaints are mostly mid back pain in the left lower part of T8-T12 region with radiation of pain to the anterior aspect and anterior abdominal area and lower rib cage area. The pain is documented as intense and bothers him sitting, walking, standing, lifting, getting in and out of the car, any activity. He is unable to use pain medications because it causes

too many side effects but even when he was using them, they only "helped a little bit". His neck pain is at the base of the neck at C7-T1. The low back pain is greater on the right and radiates to the right hip and right anterior lateral knee and thigh with numbness and burning. His right hip pain was addressed. He has left shoulder pain and is a status post left shoulder surgery (5/2/13) and still has difficulty. He complains of headaches in the occipital area that radiate to the vertex area and occur daily but 2-3 times a week they get more intense. At times the headaches radiate to the temporal area but no focal neurological symptoms are noted. TMJ dysfunction is documented with the injured worker reporting his jaw locks up when he is nervous or in pain and has now been recommended for jaw splinting or brace. Insomnia is noted with difficulty maintaining sleep and at times falling asleep. The injured worker complains of dyspepsia because of his stomach sensitivity and some acid reflux. He notes depression due to his pain and inability to function or complete activities of daily living. He complains of erectile dysfunction due to chronic pain and more prominent since 2/2015 and is frustrated. The review of the injured worker's medical records by the provider indicates the injured worker is being followed by specialists for the cervical, thoracic, lumbar spine and left shoulder as well as his dyspepsia. He has also been seen by a consulting psychiatrist for his depression and anxiety. He will pursue mental health treatment with supportive psychotherapy and cognitive behavior treatment. The provider is requesting authorization for Lidoderm patch 5% and Viagra 100mg #10.

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

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

**Lidoderm patch 5%:** Upheld

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

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

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of back pain. Patient is using this patch on midback, which is not a recommended area for use. It may only be considered after failure of 1st line treatment which is not established from documentation. Lidocaine patch 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 Wespes E, et al. Guidelines on male sexual dysfunction, erectile dysfunction. European Association of Urology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical guidelines panel on erectile dysfunction:

summary report on the treatment of organic erectile dysfunction(update). The American Urological Association Montague DK,et al.2005.

**Decision rationale:** There is no information available in MTUS guidelines or Official Disability Guidelines related to this topic. As per American Urological Association guidelines, assessment for erectile dysfunction requires appropriate assessment and workup to determine underlying cause of symptoms. Provider has failed to document any information concerning potential etiology for symptoms as to whether it may be psychological related or physiologic. Without appropriate assessment, use of Viagra is premature and is not medically necessary.