

<b>Case Number:</b>	CM15-0148431		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/30/1981
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Pennsylvania, Ohio, 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 58 year old, male who sustained a work related injury on 3-30-81. The diagnoses have included chronic pain and lumbar radiculopathy. Treatments have included oral medications, a lumbar transforaminal epidural steroid injection and physical therapy. In the Pain Medicine Re-Evaluation dated 6-22-15, the injured worker reports constant low back pain that radiates down the right leg. The pain is accompanied by constant numbness in the right leg to the level of the hip to the level of the thigh to the level of the knee then to the calf. He describes the pain as aching, throbbing and moderate to severe. He states the pain is made worse by activity, prolonged sitting, standing, turning, twisting and walking. He reports moderate difficulty in sleep. He rates the pain level an average of 4 out of 10 with medications and an average of a 10 out of 10 without medications. He reports ongoing activities of daily living limitations due to pain with activities, sleep and interference of activities of daily living. He rates his activity level a 4 out of 10. He received a lumbar transforaminal injection on 5-1-15. He reports a good (50- 80%) overall improvement. He was able to decrease pain medication requirements and improved mobility. He continues to experience good pain relief from the injection. On physical exam, he has tenderness upon palpation in the right buttock. The range of motion in lumbar spine was slightly to moderately limited. Pain increased with flexion and extension. He has decreased sensation to touch along the L5 dermatome in right leg. Straight leg raise in seated position is positive in right leg at 70 degrees. He is working full-time regular duties. The treatment plan includes a request for physical therapy and refill medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

### **10 Viagra 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS recommends discontinuing opioids if a patient has continuing pain with evidence of intolerable adverse effects. This patient is being treated chronically with opioid analgesia; MTUS thus supports evaluation for possible hypogonadism and discontinuing opioid use if this occurs without clear benefit from opioids. In this case, Viagra instead has been used, yet there is no documentation that the patient has been found to have erectile dysfunction as a primary diagnosis. Overall Viagra is not supported by the records and treatment guidelines at this time. Therefore, this request is not medically necessary.