

<b>Case Number:</b>	CM15-0093842		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 39 year old male, who sustained an industrial/work injury on 10/1/13. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain and lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and bilateral sacroiliac joint sprain. Treatment to date has included medication, diagnostics, neurosurgical consultation, Transforaminal steroid injection, and chiropractic therapy. MRI results were reported on 2/3/14 L5-S1 posterior annular tear, at L5-S1 there is a broad 3 mm midline disc protrusion resulting in abutment of the descending SI nerve roots bilaterally with mild central canal narrowing. MRI of cervical spine on 2/5/15 reported 2-5 mm disc protrusion at C5-6 with central canal stenosis. Currently, the injured worker complains of neck and back pain. Per the primary physician's progress report (PR-2) on 4/8/15, examination revealed tenderness to palpation of the cervical spine, muscle spasm and guarding evident and decreased range of motion and sensory deficits. Straight leg raise is positive as well as Kemp's test. A single point cane is used for ambulation with limp favoring the right lower extremity. Current plan of care included medication renewal and pre-op clearance. The requested treatments include Norco 5/325 mg, Fexmid 7.5 mg, Neurontin 600 mg, and Cialis 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 04/08/15 with neck and lower back pain rated 6.5/10 which has improved following recent physical therapy. The patient's date of injury is 10/01/13. Patient has no documented surgical history directed at this complaint. The request is for Norco 5/325MG #60. The RFA is dated 04/08/15. Physical examination dated 04/08/15 reveals tenderness to palpation and guarding of the cervical paraspinal muscles and trapezius muscles bilaterally. Tenderness is noted to extend into the base of the occiput, and the treater notes positive cervical compression test and positive distraction test. Range of motion is decreased in all planes, and neurological examination reveals decreased sensation along the bilateral C5 and C6 dermatomes. The patient is currently prescribed Norco, Prilosec, Fexmid, Neurontin, Remeron, and Cialis. Diagnostic imaging included lumbar MRI dated 02/03/14, significant findings include: "3mm disc protrusion abutting the S1 nerve root with facet arthrosis seen at L4-L5." Per 04/08/15 progress note, patient is classified as temporarily totally disabled for 4 to 6 weeks. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's intractable pain, the provider has not established medication compliance. Progress note dated 04/08/15 includes a thorough assessment of this patient's medication profile, including a check-box form of medication assessment. In this patient's medication assessment, the provider notes a reduction in pain from 8-9/10 to 6-7.5/10, and notes that medications allow this patient to improve participation in therapy program and sleep better. It is also stated that this patient lacks any aberrant behaviors. There is an indication that regular urine drug screening is performed, however the "UDS results" check-boxes for "compliant/non-compliant" are left blank. A careful review of the documentation provided did not reveal any previous urine toxicology reports, either. Without documentation of compliance with narcotic medications, continuation of Norco cannot be substantiated. Owing to a lack of complete 4A's documentation as required by MTUS, the request is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** The patient presents on 04/08/15 with neck and lower back pain rated 6.5/10 which has improved following recent physical therapy. The patient's date of injury is 10/01/13. Patient has no documented surgical history directed at this complaint. The request is for Fexmid 7.5MG #60. The RFA is dated 04/08/15. Physical examination dated 04/08/15 reveals tenderness to palpation and guarding of the cervical paraspinal muscles and trapezius muscles bilaterally. Tenderness is noted to extend into the base of the occiput, and the treater notes positive cervical compression test and positive distraction test. Range of motion is decreased in all planes, and neurological examination reveals decreased sensation along the bilateral C5 and C6 dermatomes. The patient is currently prescribed Norco, Prilosec, Fexmid, Neurontin, Remeron, and Cialis. Diagnostic imaging included lumbar MRI dated 02/03/14, significant findings include: "3mm disc protrusion abutting the S1 nerve root with facet arthrosis seen at L4-L5." Per 04/08/15 progress note, patient is classified as temporarily totally disabled for 4 to 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. Provided documentation shows that this medication was prescribed since at least 01/21/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets in addition to previous use does not imply short duration therapy. Therefore, the request is not medically necessary.

**Neurontin 600mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Gabapentin -Neurontin Page(s): 18-19.

**Decision rationale:** The patient presents on 04/08/15 with neck and lower back pain rated 6.5/10 which has improved following recent physical therapy. The patient's date of injury is 10/01/13. Patient has no documented surgical history directed at this complaint. The request is for Neurontin 600MG #60. The RFA is dated 04/08/15. Physical examination dated 04/08/15 reveals tenderness to palpation and guarding of the cervical paraspinal muscles and trapezius muscles bilaterally. Tenderness is noted to extend into the base of the occiput, and the treater notes positive cervical compression test and positive distraction test. Range of motion is decreased in all planes, and neurological examination reveals decreased sensation along the bilateral C5 and C6 dermatomes. The patient is currently prescribed Norco, Prilosec, Fexmid, Neurontin, Remeron, and Cialis. Diagnostic imaging included lumbar MRI dated 02/03/14, significant

findings include: "3mm disc protrusion abutting the S1 nerve root with facet arthrosis seen at L4-L5." Per 04/08/15 progress note, patient is classified as temporarily totally disabled for 4 to 6 weeks. 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." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 01/21/15 for his radiating lower back pain. Progress report dated 04/08/15 notes a reduction in pain from 8-9/10 to 6-7.5/10 attributed to medications, and notes that their use allows the patient to improve participation in therapy program. Given this patient's neuropathic pain and the established efficacy of this medication, continuation is substantiated. The request is medically necessary.

**Cialis 10mg #10:** 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 Polity Bulletin No. 0007 regarding erectile dysfunction.

**Decision rationale:** The patient presents on 04/08/15 with neck and lower back pain rated 6.5/10, which has improved following recent physical therapy. The patient's date of injury is 10/01/13. Patient has no documented surgical history directed at this complaint. The request is for Cialis 10MG #10. The RFA is dated 04/08/15. Physical examination dated 04/08/15 reveals tenderness to palpation and guarding of the cervical paraspinal muscles and trapezius muscles bilaterally. Tenderness is noted to extend into the base of the occiput, and the treater notes positive cervical compression test and positive distraction test. Range of motion is decreased in all planes, and neurological examination reveals decreased sensation along the bilateral C5 and C6 dermatomes. The patient is currently prescribed Norco, Prilosec, Fexmid, Neurontin, Remeron, and Cialis. Diagnostic imaging included lumbar MRI dated 02/03/14, significant findings include: "3mm disc protrusion abutting the S1 nerve root with facet arthrosis seen at L4-L5." Per 04/08/15 progress note, patient is classified as temporarily totally disabled for 4 to 6 weeks. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. In regard to the request for Cialis, the provider has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. This patient has been prescribed Cialis since at least 01/21/15, though there is no discussion of ED at initiation, nor any discussion of efficacy in the subsequent progress reports. Without a statement of necessity, a comprehensive examination supporting the diagnosis of ED, or a condition which could cause ED, continuation of this medication cannot be substantiated. The request is not medically necessary.