
Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 5/13/2008
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0003965

- 1) MAXIMUS Federal Services, Inc. has determined the request for Viagra 50MG **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20MG **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10MG **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Viagra 50MG **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20MG **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Ambien 10MG **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013

“The patient is a 46 year-old male. The date of injury was May 13, 2008. The mechanism of injury is not noted. The accepted injury is to the internal organs, multiple body systems, psyche, and lower back area. The current diagnoses are: Herniated disk to the right at L5-S1 involving S1 nerve root and possibly L5 nerve; Low back and right lower extremity pain in S1 nerve distribution; Depression. Treatment has included: Medications.”

“In the most recent report on file, dated June 26, 2013, Dr. [REDACTED] notes: Subjective: The patient complains of improving low back pain. He continues to exercise and be functional and active. Objective: He has decreased lumbar tenderness. Assessment: He is doing well on the current regimen.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/29/2013)
- Utilization Review Determination from [REDACTED] (dated 07/18/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request Viagra 50MG :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator cited no evidenced-based criteria for its decision. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medline Plus, Sildenafil (Viagra), Online Edition.

Rationale for the Decision:

Medline Plus guidelines indicate that Viagra is used to treat erectile dysfunction. The clinical notes submitted for review do not list erectile dysfunction as a diagnosis nor do they provide a description of the employee's subjective complaints. Therefore, there is a lack of clinical findings to support the use of Viagra at this time. The request for Viagra 50MG **is not medically necessary and appropriate.**

2) Regarding the request for Prilosec 20MG :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68-69, which is part of MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that Prilosec is recommended for those individuals who are at risk for gastrointestinal events or with a risk for cardiovascular disease who are also taking an NSAID. According to the clinical note from 07/12/2012 the employee's GI symptoms were resolved with the addition of Prilosec. In addition, the employee is concurrently utilizing Relafen, which is an NSAID. The request for Prilosec 20MG **is medically necessary and appropriate.**

3) Regarding the request Ambien 10MG :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem (Ambien).

Rationale for the Decision:

ODG Guidelines state that Ambien is approved for short-term use (usually 2 to 6 weeks) for the treatment of insomnia. The documentation provided for review does indicate the employee has a history of sleep apnea, and has been taking Ambien for at least 1 year. However, the clinical notes provided for review do not document current complaints of sleep difficulty/insomnia which would meet guideline criteria for the use of Ambien at this time. The request for Ambien 10 mg **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.