

Case Number:	CM13-0046161		
Date Assigned:	12/27/2013	Date of Injury:	01/06/1999
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

associated with the request for services, dated September 10, 2013, identified subjective complaints of low back pain radiating into his lower extremities. The patient had associated numbness. There is no mention of gastrointestinal symptoms or erectile dysfunction. Objective findings included weakness of the quadriceps and an antalgic gait. Diagnoses included status post laminectomy with severe left lumbar radiculitis. Treatment has included medications (opioids and NSAIDs[non-steroidal anti-inflammatory drugs]) that significantly control his level of pain. The patient had a spinal fusion in 2012 and failed treatment with a spinal cord stimulator. A Utilization Review determination was rendered on October 11, 2013 recommending non-certification of "Lunesta 3mg #45, Ranitidine 150 mg #60, Viagra #30, Motrin 600 mg #20."

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MILLIGRAMS #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia

Treatment; and Mental Illness & Stress, Eszopiclone, as well as the Official Disability Guidelines.

Decision rationale: Lunesta (eszopiclone) is a non-benzodiazepine pyrrolopyrazine derivative. It is a benzodiazepine-receptor agonist used for the short-term treatment of insomnia. The Chronic Pain Medical Treatment Guidelines do not specifically address Lunesta. The Official Disability Guidelines (ODG) state that treatment of insomnia should be through correction of underlying deficits. They further note that Lunesta (eszopiclone) is recommended for short-term treatment of insomnia, but not recommended for long-term use. They note that eszopiclone has multiple side effects and adults who use eszopiclone have a greater than 3-fold increased risk for early death. In this case, Lunesta has been used beyond the short-term. The request for Lunesta 3 mg, 45 count, is not medically necessary or appropriate.

RANITIDINE 150 MG, 60 COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation NSAIDs

Decision rationale: Ranitidine (Zantac), an H₂-receptor antagonist, is a gastric antacid. Proton pump inhibitors are sometimes used for prophylaxis against the GI (gastrointestinal) side effects of NSAIDs based upon the patient's risk factors. The Chronic Pain Medical Treatment Guidelines note that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. However, H₂-receptor antagonists are not given that recommendation. They are recommended for dyspepsia secondary to NSAID therapy. Also, the use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors or NSAID-induced dyspepsia. The request for Ranitidine 15 mg, 60 count, is not medically necessary or appropriate.

VIAGRA #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.Viagra.com.

Decision rationale: Viagra (sildenafil) is indicated for erectile dysfunction. Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) address erectile dysfunction or Viagra. However, it has shown effectiveness in the long-term treatment of erectile dysfunction. The non-certification was based upon lack of documentation for erectile dysfunction. There was a summary of one encounter in 2012 where mention was made of

decreased sexual interest. However, on multiple other encounters, there is no specific mention of erectile dysfunction or an active diagnosis of erectile dysfunction. There is no documentation of that disorder in the medical records provided. The request for Viagra, 30 count, is not medically necessary or appropriate

MOTRIN 600 MG, 120 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.. Decision based on Non-MTUS Citation NSAIDs Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Section, page 12, and the NSAIDs Section Page(s): 67-73..

Decision rationale: Motrin (ibuprofen) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The non-certification was based upon lack of recommended use of NSAIDs for chronic pain control. However, the MTUS states that acetaminophen and NSAIDs are both recommended as first-line therapy for chronic low back pain. In this case, there is documentation of chronic low back pain that is in-part controlled by Motrin. The request for Motrin 600 mg, 120 count, is medically necessary and appropriate.