

Case Number:	CM14-0001157		
Date Assigned:	01/22/2014	Date of Injury:	09/20/2004
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a patient with a date of injury of September 20, 2004. A utilization review determination dated December 13, 2013 recommends non-certification of Ambien, Provigil, Colace, Senna, and of Viagra. Modified certification is recommended for Norco, and gabapentin. A progress report dated December 4, 2013 identifies subjective complaints of back pain radiating down the right leg. The note identifies that the patient uses medications to help control the pain. The note goes on to state that the pain medication regimen is helpful to decrease the patient's pain and increase the patient's functional status. The current medications include Provigil, Viagra, Colace, Senna, gabapentin, Norco, and OxyContin. Objective examination findings identify tenderness in the lumbar spine with positive straight leg raise and tenderness over the sacroiliac joint. Additionally, the patient has decreased sensation to pinprick and reduced muscle strength in the lower extremities. The diagnoses include muscle spasm, lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan recommends continuing to use the same medications. The note indicates that Provigil is used for daytime fatigue related to chronic opioid medication use which helps the patient be more weight during the daytime and allows him to be more active. Viagra is prescribed for erectile dysfunction present since the injury. Colace and Senna are prescribed for constipation secondary to opioid medications. A progress report dated November 6, 2013 includes subjective complaints indicating back pain radiating down the right lower extremity. The medications, physical exam, diagnosis, and treatment plan appear the same as the previously described note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF AMBIEN 10 MG #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: Regarding the request for Ambien, the California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The ODG also state that the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the request for Ambien is not medically necessary.

1 PRESCRIPTION OF PROVIGIL 200 MG, #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: Regarding the request for Provigil, the California MTUS and ACOEM do not contain criteria for the use of Provigil. The Official Disability Guidelines (ODG) states that the Provigil is not recommended solely to counteract sedation effects of narcotics. Provigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the request for Provigil is not medically necessary.

1 PRESCRIPTION OF SENNA 8.6 MG, #60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay, S. L., Fravel, M., Scanlon, C. (2009).

Management of constipation, Iowa city (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, Oct. 51, p.

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

Decision rationale: Regarding the request for Senna, the California MTUS does not contain criteria regarding constipation treatment. The Official Disability Guidelines (ODG) states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Senna. In the absence of such documentation, the request for Senna is not medically necessary.

1 PRESCRIPTION OF VIAGRA 100 MG, #10 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline sUpdate Panel. The management of erectile dysfunction: an update: Baltimore (MD): American Urological Association Education and Research, Inc.; 2005, various p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111. Decision based on Non-MTUS Citation Journal of Advanced Pharmaceutical Technology & Research (2010) Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html#why>.

Decision rationale: Regarding the request for Viagra, the Ca MTUS state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. In addition, the national Library of medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has responded to treatment with Viagra. Furthermore, there is no discussion regarding any comorbid medical conditions for which the use of Viagra would be contraindicated. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the request for Viagra is not medically necessary.