

Case Number:	CM14-0138624		
Date Assigned:	09/05/2014	Date of Injury:	12/20/1991
Decision Date:	10/07/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of December 28, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; adjuvant medications; opioid therapy; and earlier spine surgery. In a utilization review report dated July 28, 2014, the claims administrator denied a request for gabapentin, denied a request for Viagra, approved a request for Celexa, denied a request for Ambien, denied a request for Celebrex, approved a request for Norco, and denied a request for Prilosec. A variety of MTUS and non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. In a July 16, 2014, office note, the applicant reported persistent complaints of low back pain. The applicant was ambulating with a cane status post earlier failed spine surgery and was described as "disabled" due to constant pain. The applicant did have issues with hypertension, it was acknowledged. The applicant's medication list included gabapentin, Prilosec, Celebrex, Norco, benazepril, Ambien, Viagra, and Celexa, it was stated. The applicant was given refill prescriptions of Viagra, and Neurontin, and Celebrex. The applicant was asked to find a chronic pain physician to assume his care. There was no explicit discussion of medication efficacy insofar as any of the medications in question were concerned. The applicant reportedly had difficulty with frequent headaches, difficulty walking, anxiety, and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (unspecified dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin or Neurontin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing gabapentin usage. The applicant is seemingly off work. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on other medications, including opioid agents such as Norco. The applicant was having difficulty performing basic activities of daily living, including standing, walking, and sleeping, despite ongoing gabapentin usage. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f) despite earlier usage of gabapentin. Therefore, the request is not medically necessary.

Viagra (unspecified dose and quantity): 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 Other Medical Treatment Guideline or Medical Evidence: American Urological Association (AUA), Guideline on the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> ERECTILE DYSFUNCTION Download the unabridged version of this guideline [pdf] THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005) Panel Members: Drogo K. Montague, MD, Co-Chair; Jonathan P. Jarow, MD, Co-Chair; Gregory A. Broderick, MD; Roger R. Dm

Decision rationale: As with the many other requests, this is a renewal request. The MTUS does not address the topic. However, as noted by the American Urologic Association (AUA), applicants on 5-phosphodiesterase inhibitor therapy should be periodically followed up upon to determine efficacy, side effects, and/or any significant changes in health status. In this case, however, the attending provider has failed to outline whether or not ongoing usage of Viagra has ameliorated the applicant's issues with sexual dysfunction. The attending provider has not stated whether ongoing usage of Viagra has been successful or not. Therefore, the request is not medically necessary.

Ambien (unspecified dose and quantity): 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) Zolpidem

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide Ambien Label - FDA Home Page - Food and Drug ... www.accessdata.fda.gov/drugsatfda.../labe... - - Food and Drug Administration -----INDICATIONS AND USAGE-----
- Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been show

Decision rationale: This request represents a renewal request. While the MTUS does not specifically address the topic, Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the very fact that the attending provider is seemingly intent on renewing Ambien implies that the applicant has been using Ambien for over the 35-day FDA-endorsed threshold. No rationale for selection and/or ongoing usage of Ambien has been proffered. It does not appear, furthermore, that ongoing usage of Ambien has appreciably attenuated the applicant's symptoms of insomnia. Therefore, the request is not medically necessary.

Celebrex (unspecified dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Topic. Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be employed if an applicant has a risk of GI complications, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not outlined any material benefits achieved as a result of ongoing Celebrex usage. The applicant has seemingly failed to return to work. The applicant has been deemed "permanently disabled," the attending provider suggested on the progress note referenced above. The applicant remained highly reliant and highly dependent on opioid agents such as Norco and is, moreover, having difficulty performing basic activities of daily living such as standing, walking, sleeping, etc., despite ongoing usage of the same. Ongoing usage of Celebrex, thus, has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20(f). Accordingly, the request is not medically necessary.

Prilosec (unspecified dose and quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 68-69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has both a history of GI bleeding and a history of gastroesophageal reflux disease, the attending provider has posited. The applicant is concurrently using an NSAID agent, Celebrex. Given the applicant's history of past GI bleeding and continued usage of NSAIDs, the applicant is an individual for whom prophylactic usage of proton pump inhibitors is indicated, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is medically necessary.