

<b>Case Number:</b>	CM14-0166002		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/14/1998
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 47 year old man with a date of injury of 5/14/88. He was seen by his primary treating physician on 8/13/14 with complaints of pain in his left shoulder, cervical spine with radiation to his upper extremities and lumbar pain with radiation to his bilateral lower extremities. He was able to work as a 'day laborer'. He reported he needed his medications to find rest and sleep. His exam showed tenderness to palpation over the spinous processes at C3-7 and L3-S1 with pain and spasm in the cervical and lumbar paravertebrals, upper trapezii and interscapular muscles. Range of motion was reduced and painful of the lumbar and cervical spine and left shoulder and decreased left JAMAR strength. He had hypoesthesia at C7-8 dermatomes on the left and L5 dermatome on the right. The SI joints were slightly tender and he had positive straight leg raises bilaterally. His diagnoses were status post cervical discectomy, C4-5, impingement syndrome- left shoulder, disc protrusion - C4-5, 6-7 and L5-S1, status post microdiscectomy L5-S1, status post lumbar surgery and insomnia. At issue in this review is the request for Viagra, Prilosec and Ambien. Length of prior therapy is not documented in the note. Also at issue is the request for an X-force stimulator and lumbar spine brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg, 1 tablet, one hour before sexual activity #13: 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 American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

**Decision rationale:** This worker has chronic neck back, shoulder and extremity pain with an injury sustained in 1988. He worker notes sexual dysfunction which he attributes to his low back pain and his ability to engage in and concentrate during a sexual encounter. According to the American Urological Association Guideline for the Management of Erectile Dysfunction, Viagra is a phosphodiesterase Type 5 inhibitor and is a first line treatment for erectile dysfunction (ED). However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Viagra is medically indicated in erectile dysfunction, this worker has ED related to the side effects of chronic pain. The risks and benefits of Viagra were not documented as discussed with the worker. The records do not support the medical necessity of Viagra. Therefore, this request is not medically necessary.

**Prilosec 20mg, 1 tablet daily, #30, with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Prilosec

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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 NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Prilosec. Therefore, this request is not medically necessary.

**Ambien 10mg, 1 tablet daily prior to sleep, #30, as a sleep aid: 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 Chapter, Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation UpToDate: treatment of insomnia and drug information - Zolpidem

**Decision rationale:** According to the guidelines, Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive

therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive general advice regarding sleep hygiene. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. Therefore, this request is not medically necessary.

**X-Force stimulator for symptomatic relief of pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrotherapies

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, an X-force stimulator is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the stimulator may be appropriate for. The medical necessity for an X-force stimulator is not substantiated in the records. Therefore, this request is not medically necessary.

**Replacement/new lumbar spine brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 12, 301.

**Decision rationale:** According to the MTUS ACOEM Practice Guidelines, the use of back belts as lumbar support should be avoided as they have shown little or no benefit, thereby providing only a false sense of security. Additionally, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 1998. The records do not substantiate the medical necessity for a mesh lumbar support. Therefore, this request is not medically necessary.