

Case Number:	CM14-0179832		
Date Assigned:	11/04/2014	Date of Injury:	06/01/2010
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 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 32 year old male claimant sustained a work injury on February 19, 2012 involving the low back. He was diagnosed with lumbar disc disease and underwent a lumbar fusion. He also had a diagnosis of anxiety that was treated by psychiatrist. A progress note on October 9, 2014 indicated the claimant had been on Valium for anxiety as given by a psychiatrist. He was also using Norco for pain and Edluar for sleep. He had been on Edluar since May 2014. The treating physician believed the claimant needed to be in a detoxification program due to using excessive amounts of Valium. Exam findings were unremarkable. A subsequent request was made for continuing the Edluar, Valium as well as using Cialis and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Edluar SL 10 MG: 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 Official Disability Guidelines (ODG) Insomnia

Decision rationale: Edluar is the same as Zolpidem which is used for insomnia. The MTUS guidelines do not comment on insomnia. According to the Official Disability Guidelines,

insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Edluar is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). This case the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Edluar is not medically necessary.

Cialis 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.pdr.net

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, chronic opioid use can lead to hypogonadism and possible low testosterone. In this case, the claimant had not been on opioids. The evaluation of erectile dysfunction including behavioral modification and adjustment of antidepressants to alter the decreased libido side effects was not noted. The genital examination was not provided nor any other details on erectile dysfunction. The Cialis was not justified and therefore not medically necessary.

Valium 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. According to the Official Disability Guidelines, Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Valium is a benzodiazepine. In this case there was already concern for over use of Valium. Long-term use of Valium is not indicated. The continued and chronic use of Valium is not medically necessary.

Nuvigil 50 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: www.pdr.net

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

Decision rationale: The ACOEM and MTUS guidelines do not comment on Nuvigil. According to the Official Disability Guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep. In this case, the claimant had mixed symptoms of insomnia. His Valium likely contribute to his symptoms. Altering those medication rather than providing Nuvigil may be appropriate. The use of Nuvigil is not medically necessary.