

Case Number:	CM14-0020329		
Date Assigned:	04/25/2014	Date of Injury:	11/08/1999
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 63-year-old man who sustained a work-related injury on November 8, 1999. Subsequently, the patient developed that chronic left elbow pain, lumbosacral pain, and neck pain. The patient underwent a cervical fusion. According to a note dated on November 7, 2013 and the note of January 15, 2014, the patient was reported to complain of low back pain radiating to the right lower extremity, neck pain radiating to both upper extremities. The severity of the pain was 7/10 with medications and 8/10 without medications. His physical examination demonstrated the lumbar tenderness with reduced range of motion, tenderness in the cervical spine with reduced range of motion and decreased sensation in the territory of C5 C7 dermatomes. His physical examination documented on the note of the note of February 14, 2014, showed tenderness in the lumbar paraspinal area with muscle spasm. The provider also reported that the patient was complaining of insomnia which improved with the use of Zolpidem. His MRI (magnetic resonance imaging) of the cervical spine performed on November 1, 2012 demonstrated the C4-5 disc herniation, partially enhancing disc at C3-C4 and C5-C6 levels. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy, status post cervical fusion, chronic pain and erectile dysfunction. The erectile dysfunction was attributed by the provider to chronic opioid use. The patient was treated with pain medications and epidural steroid injection in the cervical spine (June 25 2013). The provider requested authorization to use Tizanidine, Zolpidem and Viagra. Tizanidine, Zolpidem and Viagra have been used at least since 2013. There is no clear documentation of total duration of the use of these. There is no clear objective documentation of the efficacy of these drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 4MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine since at least 2013 which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Furthermore, there is no clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. Therefore, the request for Tizanidine Hcl 4mg, #90 is not medically necessary.

ZOLPIDEM TARTRATE 10MG: 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), (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm> >.

Decision rationale: Zolpidem is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to the MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to Official Disability Guidelines (ODG) , Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. In this patient, there is no clear documentation of insomnia that justifies the long term use of Zolpidem. There is no documentation of sleep study that better characterize the patient insomnia. There is no periodic objective documentation of the effect of previous use of Zolpidem on the sleep quality and the patient functionality. Zolpidem could be used as an option to treat insomnia after failure of first line medications and non pharmacologic therapies;

however, it should not be used for a long-term without periodic evaluation of its need. Therefore, the request is not medically necessary.

VIAGRA 100MG: 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 Sildenafil. <http://en.wikipedia.org/wiki/Sildenafil>.

Decision rationale: The MTUS and Official Disability Guidelines (ODG) are silent regarding the use of Viagra. The provider diagnosed with the patient with erectile dysfunction and attributed that to opioid use. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, there is no documentation of the efficacy of previous use of Viagra. Therefore, the request for Viagra 100mg is not medically necessary.