

<b>Case Number:</b>	CM14-0053720		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 52 year old male with an injury date on 11/02/2007. Based on the 04/04/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic pain 2. Lumbar facet arthropathy 3. Lumbar radiculopathy 4. Status post fusion, lumbar spine According to this report, the patient presents for pain medication follow-up. The patient's current medications are Gabapentin 600mg, Hydrocodone/APAP 10/325mg, Mirtazapline 15 mg, Ondansetron 4mg, Pantoprazole 20mm, Restone 3-100mg, Zolpidem 10 mg and Viagra 100mg. A CURES test noted no inconsistency. Weaning of opioid medications has been unsuccessful for the patient. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Ondansetron 4mg BID #602. Pantoprazole 20mg QD #303. Restone 3-100mg QHS #304. Viagra 100mg use as directed #10 The utilization review denied the request on 04/03/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 04/04/2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 4mg BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary: Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Zofran (Ondansetron).

**Decision rationale:** According to the 04/04/2014 report, this patient presents for pain medication follow-up. The treating physician is requesting Ondansetron 4mg BID #60. The UR denial letter states "the claimant is diagnosed with chronic nausea and vomiting". The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks). This patient has been prescribed Ondansetron for long-term use. Ondansetron is only recommended for post-op nausea per ODG. The request is not medically necessary.

**Pantoprazole 20mg QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, GI and Cardiovascular Risk and on the Non-MTUS Official Disability Guidelines (ODG), NSAIDs, GI Symptoms & Cardiovascular Risk.

**Decision rationale:** According to the 04/04/2014 report, this patient presents for pain medication follow-up. The treating physician is requesting Pantoprazole 20mg QD #30. The ODG Guidelines indicate the following regarding Proton pump inhibitors (PPIs) recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment. MTUS guidelines do not recommend routine use of GI prophylaxis without documentation of risk. The request is not medically necessary.

**Restone 3-100mg QHS #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 11/27/2011 classifies Melatonin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines, Lexi-Comp, 2008.

**Decision rationale:** According to the 04/04/2014 report, this patient presents for pain medication follow-up. The treating physician is requesting Restone 3-300mg QHS #30. The MTUS and ACOEM guidelines do not discuss this medication. Therefore, the ODG guidelines were referenced. The ODG guidelines have the following regarding Remeron for insomnia: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression). Review of the report indicated the patient did the Insomnia Severity Index (ISI) on 03/07/2014 with a total score of 28. Based on this score it was determined that the patient has (22-28) severe clinical insomnia.

The treating physician does not discuss concurrent depression issues. However, given the patient's chronic pain and insomnia problems, use of Remeron appear indicated per ODG guidelines. MTUS supports antidepressants for chronic pain. The request is medically necessary.

**Viagra 100mg use as directed #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com last updated 12/14/2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Aetna.

**Decision rationale:** According to the 04/04/2014 report, this patient presents for pain medication follow-up. The treating physician is requesting Viagra 100mg use as directed #10. The UR denial letter states without documentation that the claimant is suffering from erectile dysfunction, the medical necessity is not established. Regarding erectile dysfunction, the MTUS, ACOEM, and ODG do not discuss Viagra. However, Aetna guidelines considers the following diagnostic workup of erectile dysfunction medically necessary 1.) Comprehensive history and physical examination (including medical, sexual history, and psychosocial evaluation), 2.) Duplexscan, 3.) Dynamic infusioncavernosometry and cavernosography, 4.) Pharmacological response test for erectile dysfunction, and 5.) Pudendal arteriography. Aetnaalso considers the following laboratory tests medically necessary for the diagnosis of erectile dysfunction: 1.)Biothesiometry, 2.)Blood glucose, 3.) Complete blood count, 4.) Creatinine, 5.) Hepatic panel, 6.) Lipid profile, 7.) Prostate specific antigen, 8.) Thyroid function studies, 9.) Urinalysis, and 10.) Serum testosterone. None of the above procedures were provided in the report. Without the pertinent information, the request for Viagra 100mg cannot be considered. The request is not medically necessary.



