

Case Number:	CM14-0059286		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2009
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Medicine & Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 08/13/2008. The mechanism of injury was not provided. On 03/24/2014, the injured worker went in for a follow-up visit. Upon physical examination, he presented with normal gait, healed incisions, positive straight leg raise with hamstring tightness, bilateral paralumbar tightness, and asymmetrical movement. There was a positive supraspinatus sign and Neer's test, and there was bicipital tendon pain. Current medications included Cymbalta, Diovan, Norco, Lunesta, lorazepam, Cialis, and Levitra. The injured worker stated that zolpidem can help him fall asleep, but he wakes up in the middle of the night and he is sleeping on a recliner and wakes up feeling groggy in the morning and wants to change his sleep aid. The diagnoses were lumbago, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, and insomnia unspecified. The provider recommended Lunesta 2 mg, zolpidem tartrate 10 mg, and Levitra 20 mg. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness, Lunesta.

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long-term use, but recommended for short-term use. It is recommended limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourages use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely if ever recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker has been prescribed Lunesta since at least 01/2014. The efficacy of the medication was not provided. Additionally, the request for Lunesta 2 mg with a quantity of 30 exceeds the guideline recommendation of short-term treatment. The provider's request does not indicate the frequency of the medication. As such, Lunesta 2mg #30 is not medically necessary.

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescribing short-acting non-benzodiazepine hypnotic, which is approved for short term (usually 2 to 6 week) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for short-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The provided documentation indicated that the injured worker had already self-discontinued Lunesta from the medication regimen. The injured worker stated that zolpidem helped him fall asleep, but he woke up in the middle of the night and feeling groggy in the morning. There would be no need for weaning; as the injured worker has already self discontinued the medication. Additionally, the provider's request does not indicate the frequency of the requested medication. As such, Zolpidem Tartrate 10mg #30 is not medically necessary.

Levitra 20mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The Official Disability Guidelines state that etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors, including chronic pain; natural occurrence of decreased testosterone that occurs with aging; documented side effects of decreased sexual function that is common with other medication use to treat pain; and comorbid conditions such as diabetes, hypertension, vascular disease, and erectile dysfunction. Examination of the injured worker was not provided detailing current deficits of erectile dysfunction to warrant the use of Levitra. Levitra was prescribed since at least 2012. The efficacy of the medication was not provided. The severity of the erectile dysfunction was not provided in the medical documents for review. As such, Levitra 20mg #10 is not medically necessary.