

Case Number:	CM14-0093277		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2000
Decision Date:	09/23/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation, Pain 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 injured worker is a 34-year-old male who reported an injury on 11/08/2000 due to unspecified cause of injury. The injured worker had a history of lower back pain. The injured worker had diagnoses of lumbar postlaminectomy syndrome and chronic pain syndrome. The prior surgical history included a lumbar fusion and spinal cord stimulator implantation. The x-ray of the lumbar spine dated 05/25/2013 revealed a fusion at L4-S1 with BakFix pedicle screws and rods and interbody grafts, lateral view showed excellent incorporation of the grafts at L4-5 and L5-S1 with no movement. The L4 disc showed some mild spurring at the superior end plate of L4. The medications Flexeril 10 mg, hydromorphone 2 mg, Oxycontin 10 mg, Oxycontin 20 mg, Oxycontin 30 mg, zolpidem ER 6.25 mg. No VAS provided. The objective findings dated 07/16/2014 of the lumbar spine revealed normal alignment, soft tissue palpation on the right, no tenderness of the piriformis or the gluteus maximus, tenderness of the paraspinal region at L4 and iliolumbar region. Active range of motion: pain with motion. The neurological evaluation revealed decreased sensation on the sole of the foot and the posterior S1. Seated straight leg raise positive. The treatment plan included Viagra 50 mg and zolpidem ER 6.25 mg. The Request for Authorization dated 07/25/2014 was submitted with documentation. The rationale for the Viagra 50 mg and zolpidem 6.25 mg was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg #10 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abs R, Verhelst J, Maeyaert J, Van Buyten JP, Opsomer F, Adriaensen H, Verlooy J, Van Havenbergh T, Smet M, Van Acker K. Endocrine consequences of long-term intrathecal administration of opioids. J Clin Endocrinol Metab. 2000;85:2215-22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: The request for Viagra 50mg #10 with 5 refills is not medically necessary. Drugs.com indicates that Viagra can decrease blood flow to the optic nerve of the eye, causing sudden vision loss. This has occurred in a small number of people taking Viagra, most of whom also had heart disease, diabetes, high blood pressure, high cholesterol, or certain pre-existing eye problems, and in those who smoke or are over 50 years old. It is not clear whether Viagra is the actual cause of vision loss. Per the clinical notes indicate that the injured worker had erectile dysfunction second to the chronic lower back pain. Per the clinical notes indicate that the injured worker's back pain was stabilized with less opioid use second to the spinal cord stimulator. The request did not indicate a frequency. As such, the request is not medically necessary.

Zolpidem ER 6.25mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Zolpidem (Ambien): Pain (Chronic).

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

Decision rationale: The request for Zolpidem ER 6.25mg #30 with 2 refills is not medically necessary. The Official Disability Guidelines do not recommended Zolpidem for long-term use, but recommended for short-term use. The clinical notes provided indicated that the injured worker was prescribed the zolpidem on 04/19/2014 and again on 07/16/2014. Per the guidelines, the zolpidem ER is indicated for short term use. The clinical notes also indicated that the insomnia was second to the lower back pain. The clinical notes indicated the injured worker's back pain has been stable at this time with minimal amount of opioid intake second to the spinal cord stimulator. The request did not indicate frequency. As such, the request is not medically necessary.