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| Case Number: | CM14-0124171 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/27/2001 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male with an industrial injury dated 06/27/2001. His diagnoses included chronic pain syndrome, cervical spondylosis with facet arthropathy and urological diagnosis. Prior treatment included medications. He presents on 05/14/2014 with complaints of neck pain, stiffness and low back pain. Physical exam noted slight tenderness in the posterior cervical and bilateral trapezial musculature. Lumbar spine was also tender. In the progress note dated 02/12/2014 the injured worker notes functional improvement and pain relief with the adjunct of his medications. Treatment plan included refill for Ambien 10 mg 1 at hour of sleep as needed for insomnia related to pain # 30 with 2 refills, Naprosyn EC 500 mg one twice daily # 60 with 2 refills, Prilosec 20 mg one every day # 30 with 2 refills and Viagra 100 mg one tablet every day # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (proton pump inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 69.

Decision rationale: The patient presents on 05/14/14 with unrated neck pain with associated stiffness, and unrated lower back pain. The patient's date of injury is 06/27/01. Patient has no documented surgical history directed at these complaints. The request is for Prilosec 20mg #30 with 2 refills. The RFA is dated 05/20/14. Physical examination dated 05/14/14 reveals tenderness to palpation of the lumbar paraspinal musculature, posterior cervical musculature, and bilateral trapezius muscles. Strength in the bilateral upper/lower extremities is globally intact. The patient is currently prescribed Norco, Viagra, Naprosyn, and Prilosec. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPIs are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 02/12/14. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. This patient is currently prescribed an NSAID: Naprosyn. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

Ambien 10mg #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 Tartrate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

Decision rationale: The patient presents on 05/14/14 with unrated neck pain with associated stiffness, and unrated lower back pain. The patient's date of injury is 06/27/01. Patient has no documented surgical history directed at these complaints. The request is for Ambien 10mg #30 with 2 refills. The RFA is dated 05/20/14. Physical examination dated 05/14/14 reveals tenderness to palpation of the lumbar paraspinal musculature, posterior cervical musculature, and bilateral trapezius muscles. Strength in the bilateral upper/lower extremities is globally intact. The patient is currently prescribed Norco, Viagra, Naprosyn, and Prilosec. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is 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 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." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 11/13/13, though efficacy is not addressed in the subsequent reports. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets with 2 refills, in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

Viagra 100mg #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 Erectile Dysfunction Guideline Update Panel Baltimore (MD): American Urological Association Education and Research, Inc; 2005. Various p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The patient presents on 05/14/14 with unrated neck pain with associated stiffness, and unrated lower back pain. The patient's date of injury is 06/27/01. Patient has no documented surgical history directed at these complaints. The request is for Viagra 100mg #30 with 2 refills. The RFA is dated 05/20/14. Physical examination dated 05/14/14 reveals tenderness to palpation of the lumbar paraspinal musculature, posterior cervical musculature, and bilateral trapezius muscles. Strength in the bilateral upper/lower extremities is globally intact. The patient is currently prescribed Norco, Viagra, Naprosyn, and Prilosec. Diagnostic imaging was not included. Patient's current work status is not provided. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. In regard to the request for Viagra, the provider has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. This patient has been prescribed Viagra since at least 08/14/13, though there is no discussion of ED at initiation, nor any discussion of efficacy in the subsequent progress reports. This patient does present with a "urological diagnosis", however the true nature of this condition is not explicitly stated in the documentation provided. Without a comprehensive examination supporting the diagnosis of ED, or a specific condition which could cause ED, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Naprosyn EC 500mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints page(s): 22, 8-9.

Decision rationale: The patient presents on 05/14/14 with unrated neck pain with associated stiffness, and unrated lower back pain. The patient's date of injury is 06/27/01. Patient has no documented surgical history directed at these complaints. The request is for Naprosyn EC 500mg #60 with 2 refills. The RFA is dated 05/20/14. Physical examination dated 05/14/14 reveals tenderness to palpation of the lumbar paraspinal musculature, posterior cervical musculature, and bilateral trapezius muscles. Strength in the bilateral upper/lower extremities is globally intact. The patient is currently prescribed Norco, Viagra, Naprosyn, and Prilosec. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Naprosyn for this patient's chronic pain, the request is appropriate. Progress note dated 05/14/14 notes: "functional improvement and pain relief with the adjunct of the medications," though does not specifically Naprosyn. Given the conservative nature of NSAID medications, and the provided documentation of analgesia/functional improvements, continuation of this medication is substantiated. The request IS medically necessary.