MAXIMUS Federal Services

Case Number:	CM14-0193631		
Date Assigned:	12/01/2014	Date of Injury:	09/16/2009
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Management 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 46 year old male with an injury date of 09/16/09.Based on 11/10/14 progress report, the patient presents with major depression due to chronic pain and disability. He complains of a variety of psychological problems including low mood and energy, hopelessness, sleep and appetite suppression with weight gain of over 20lbs, and paranoid ideation. As per progress report dated 11/04/14, the patient complains of pain in the pelvic brim and junction bilaterally radiating to iliolumbar area, lower extremities, and posterior and plantar aspects of the heels. The aching, stabbing, throbbing and burning pain is constant and rated at 6-9/10. Physical examination reveals moderately increased lordosis with slight concavity to the right. There is moderate tenderness, left greater than right, in pelvic brim and junction and the sciatic notch. There are moderate spasms in the paravertebral musculature bilaterally. Extension and rotation to either side cause ipsilateral junctional discomfort, greater on left than right. Gait is moderately broad-based with a shortened stride. Medications, as per progress report dated 11/04/14, include Abilify, Lidoderm, Lunesta, Prilosec, Ambien, Soma, Therma patch, Tramadol, and Viagra. The patient's disability status was determined as totally temporarily disabled until 09/25/14, as per progress report dated 09/17/14.EMG, 02/08/13, as per progress report dated 11/04/14: Left L5-S1 radiculopathyMRI of the Lumbar Spine, 03/24/14, as per progress report dated 06/23/14:- L5-S1 dehydration with moderate dorsal narrowing- Endplate ridging- Protrusion extends 4 mm beyond disc margin- Moderate up-down neural foraminal stenosis due to disc height lossDiagnoses (Medical), 11/10/14:- Spinal stenosis- Lumbar degenerative disc disease- Lumbar radiculopathy- SciaticaDiagnoses (Psychiatric), 11/10/14:- Major depression, single episode, severe, with psychotic features- Obsessive-compulsive disorder- Alcohol abuse, in early remission- Bulimia nervosa, urging type- Obstructive sleep apneaThe provider is requesting for (a) Lunesta 2 mg # 90 (b) Viagra 100 mg # 30 (c) Prilosec 10mg # 90. The utilization review

determination being challenged is dated 11/17/14. The rationale follows: (a) Lunesta 2 mg # 90 - No documented evidence was provided to justify the use of Lunesta based on Regence Group Guidelines.(b) Viagra 100 mg # 30 - There is no clear evidence of "the presence of erectile dysfunction that is not psychogenic in origin."(c) Prilosec 10mg # 90 - Prilosec was prescribed to address the GI side effects of Escitalopram. However, this medication was discontinued and the progress reports did not provide any other basis for proton pump inhibitors. Treatment reports were provided from 05/05/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group, and on the Non-MTUS Medication Policy Manual, Policy No. dru114, Topic: Lunesta, Eszopiclone, Date of Origin: January 10, 2005, Revised/Effective Date: May 8, 2009

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 & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with major depression due to chronic pain and disability, as per progress report dated 11/10/14. The pain is rated at 6-9/10, as per progress report dated 11/04/14. The request is for Lunesta 2 mg # 90.ODG states "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period."In progress report dated 05/27/14, the provider states that Lunesta replaced Zolpidem "for treatment of insomnia caused by chronic pain and disability." In progress report dated 11/04/14, the provider states the patient wakes up five times per night. In progress report dated 11/10/14, the provider states that the patient is moving to Philippines and needs to medication to manage his condition during the transition. Given the safety of this medication, this request is medically necessary.

Viagra 100mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group July 28, 2006

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: Aetna Clinical Policy Bulletin: Erectile Dysfunction Number: 0007 Policy

Decision rationale: The patient presents with major depression due to chronic pain and disability, as per progress report dated 11/10/14. The pain is rated at 6-9/10, as per progress report dated 11/04/14. The request is for Viagra 100 mg # 30.The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. In this case, the provider states that Viagra is "for sexual impairment caused by chronic pain and depression from work injury," as per progress report dated 11/10/14. However, there are no laboratory tests with patient's testosterone levels. There is no clear diagnosis of erectile dysfunction as required by the guidelines. This request is not medically necessary.

Prilosec 10mg # 90: 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), Proton Pump Inhibitors

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

Decision rationale: The patient presents with major depression due to chronic pain and disability, as per progress report dated 11/10/14. The pain is rated at 6-9/10, as per progress report dated 11/04/14. The request is for Prilosec 10mg # 90.MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." There is no prescription for NSAID in this case. In progress report dated 08/09/14, the provider states that Prilosec was being prescribed "for dyspepsia side-effects from Escitalopram." The guidelines do not discuss use of Prilosec secondary to Escitalopram. However, in progress report dated 11/10/14, the provider lists Escitalopram under the list of discontinued medications. Hence, the need for Prilosec is also eliminated. This request is not medically necessary.