MAXIMUS Federal Services

Case Number:	CM14-0195165		
Date Assigned:	12/02/2014	Date of Injury:	02/17/2005
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 64-year-old male presenting with a work-related injury on October 17, 2005. The patient was diagnosed with constipation, hypertension and diabetes. On August 26, 2014 the patient complained of ongoing low-back pain. The pain was associated with stiffness. On July 29, 2014 the physical exam was significant for 4 to 5 strength of the left hip flexors and right hip flexors and extensors. On June 25, 2014 internal medicine consultation reported the patient had hypertension, gastrointestinal and sexual dysfunction issues as well as sleep disorder. The patient was treated with the house for sexual dysfunction, which is partially effective, and Zolpidem for sleep disorder. The patient's medications also included Oxycodone, soma, Metformin, Glipizide, Lisinopril, Cialis, and Ambien, as well as Omeprazole. Echocardiogram on June 22, 2014 revealed concentric left ventricular hypertrophy with good ejection fraction, in order ultrasound revealed mild diffuse plaque and no significant hemodynamic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/ambien.html

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

Decision rationale: Zolpidem 10mg # 100 is not medically necessary. Zolpidem is Ambien. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. Thy 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of evidence of sleep disorder requiring this medication for example a sleep study. It is more appropriate to set a weaning protocol at this point. Ambien in this case is not medically necessary.

Cialis 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/cialis.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: Cialis 10mg # 30 is not medically necessary. The CA MTUS and ODG does not address the medical necessity for Cialis. The physician desk reference states that Cialis is FDA approved for the treatment of erectile dysfunction (ED), for treatment of signs and symptoms of benign prostatic hyperplasia and for the treatment of ED and the signs and symptoms of BPH. The medical records do not provide adequate evidence of the patient erectile dysfunction with penile ultrasound or rule out medication or co-morbid associated erectile dysfunction; therefore the requested therapy is not medically necessary.

Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Published Med- Indexed for Medline.

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

Decision rationale: Colonoscopy is not medically necessary unless in order to obtain medical clearance prior to the surgery or the presence of signs and symptoms indicating diagnostic testing. The ODG states that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, dire anesthetic choices and guide

postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order diagnostic testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient is not undergoing surgery and additionally there are no symptoms related to the work injury in 2005 indicating the colonoscopy for rectal bleeding or anemia; therefore, the requested services are not medically necessary.

EGD (esophasgogastroduodenoscopy): 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) Low back Pain, Diagnostic and Treatment Consideration.

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

Decision rationale: EGD (esophasgogastroduodenoscopy) is not medically necessary unless in order to obtain medical clearance prior to the surgery or the presence of signs and symptoms indicating diagnostic testing. The ODG states that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, dire anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order diagnostic testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient is not undergoing surgery and additionally there are no symptoms related to the work injury in 2005 indicating the EGD for esophageal bleeding or anemia; therefore, the requested services are not medically necessary.