

Case Number:	CM14-0195250		
Date Assigned:	12/02/2014	Date of Injury:	09/26/2006
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 54 year old male with an injury date on 9/26/06. The patient complains of pain in the bilateral arms, right leg, bilateral shoulders, and right hip, with pain rated 7/10 per 10/20/14 report. The patient complains of worsening neck pain, with no change in his condition and difficulty sleeping (about 4 hours of sleep with Ambien, and 2 hours of sleep without Ambien) per 10/23/14 report. The patient is currently working, but his pain is significantly increased as his medication is being denied by insurance, and he is trying OTC meds per 10/23/14 report. Based on the 10/23/14 progress report provided by the treating physician, the diagnoses are chronic pain syndrome, testicular hypo function, other specified disorders of sweat glands and dysphagia pharyngoesophageal phase. A physical exam on 10/23/14 showed "C-spine range of motion is limited with flexion at 30 degrees." The patient's treatment history includes medications, cervical discectomy/fusion C5-6 and C6-7, twice, shoulder surgery (unspecified) in 2008. The treating physician is requesting Zolpidem ER 125mg #30, and Viagra 100mg #10. The utilization review determination being challenged is dated 10/31/14. The requesting physician provided treatment reports from 12/3/13 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg #30: Upheld

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

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

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and right hip/leg pain. The patient has been taking Ambien since 12/3/13 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended 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 this case, the patient has difficulty sleeping, and has been taking Ambien for 10 months. As the guidelines recommend only short term use (7-10 days), the requested Zolpidem ER 125mg #30 is not indicated. The request is not medically necessary.

Viagra 100mg #10: 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/viagra.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VIAGRA: Boxed label. Aetna Clinical Policy Bulletin: Erectile Dysfunction, Number:0007

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, and right hip/leg pain. The patient has been using Viagra since 2/25/14 report. Regarding Viagra, MTUS, ACOEM and ODG do not address it. Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary if diagnosis includes comprehensive history and physical examination, Duplex scan in conjunction with intracorporeal papaverine, Dynamic infusion cavernosometry and cavernosography, pharmacological response test for erectile dysfunction, Pudendal arteriography. Aetna also requires diagnosis to include the following laboratory tests: Biothesiometry, Blood glucose, Complete blood count, Creatinine, Hepatic panel, Lipid profile, Prostate specific antigen, Serum testosterone, Thyroid function studies, Urinalysis. In this case, the patient has a diagnosis of testicular hypo function, but there is no documentation of erectile dysfunction. Of aforementioned criteria, the physician has only provided physical exam, comprehensive history, and UDS. As the review of reports indicates the patient does not have a diagnosis of erectile dysfunction, the request for Viagra is not indicated. It should be also noted that the AETNA guidelines do not support performance enhancing medications such as Viagra. Therefore the request is not medically necessary. In this case, the patient has a diagnosis of testicular hypofunction, but there is no documentation of erectile dysfunction. Of aforementioned criteria, treater has only provided physical exam, comprehensive history, and UDS. As the review of reports indicate the patient does not have a diagnosis of erectile dysfunction, the request for Viagra is not indicated. It should be also noted

that the AETNA guidelines do not support performance enhancing medications such as Viagra.
The request IS NOT medically necessary.