

Case Number:	CM14-0206143		
Date Assigned:	12/18/2014	Date of Injury:	02/28/2005
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 55 year old male with date of injury of 2/28/2005. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine status post-surgery. Subjective complaints include continued pain in his lower back and bilateral lower extremities and difficulty sleeping at night. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally; decreased sensation at the L4-S1 dermatomes. Treatment has included Nucynta, Gabapentin, Naproxen, Norco, Senna, and Omeprazole. The utilization review dated 11/26/2014 partially-certified Viagra and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #5 (with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:Medline Plus, Sildenafil (Viagra), Online Edition.

Decision rationale: MTUS and ODG are silent with regards to Viagra. The Medline Plus resource states "Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. In this case, the employee has documentation of sexual dysfunction in the 4/22/13 QME report. These are a result of his initial industrial injury. However, Viagra is generally prescribed on a trial basis with a follow up to ensure no negative side effects, therefore, refills are not given with the initial prescription. Therefore, the request for Viagra 100mg #5 (with 2 refills) 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 Treatment in Workers Compensation (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary at this time.