

Case Number:	CM15-0104080		
Date Assigned:	06/08/2015	Date of Injury:	08/20/2012
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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 52 year old, male who sustained a work related injury on 8/20/12. The diagnoses have included post-traumatic organic brain syndrome, major depression disorder, generalized anxiety disorder and sleep disorder. Treatments have included psychopharmacological management and psychotherapy with modified cognitive-behavioral therapy. In the emergency office visit dated 5/7/15, the injured worker is being seen for depression, chronic pain, anxiety, flashbacks, nightmares and sleep disturbance. He was within days of running out of medications. He states the medications continue to be helpful and effective. He is worried and feels helpless. He rates the severity a 7/10. He has insomnia, lack of enjoyment in pleasurable activities, decreased memory and has a decreased libido. He is back to doing some dog training. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Benzodiazepine.

Decision rationale: The patient was injured on 08/20/12 and presents with lumbar spine pain, cervical spine pain, nightmares, flashbacks, sleep disturbance, anxiety, depression, and chronic pain. The request is for Valium, quantity unspecified for anxiety. The RFA is dated 05/17/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 03/27/15. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 weeks), because long-term efficacy is unproven, and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient has tenderness to palpation over the left sacroiliac joint, pain with loading on twisting lateral movement, and a positive Patrick/Gaenslen test. He is diagnosed with low back pain, lumbar disc with radiculitis, cervical disc with radiculitis, cervicgia, post-traumatic organic brain syndrome, major depression disorder, generalized anxiety disorder, and sleep disorder. The 05/07/15 report states that the patient's medications "continue to be helpful and effective." ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the patient has been taking Valium since 03/27/15, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium is not medically necessary.

Adderall, quantity unspecified: 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 National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html> Aetna.com.

Decision rationale: The patient was injured on 08/20/12 and presents with lumbar spine pain, cervical spine pain, nightmares, flashbacks, sleep disturbance, anxiety, depression, and chronic pain. The request is for Adderall, quantity unspecified to increase focus and memory. The RFA is dated 05/17/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 01/23/15. MTUS or ODG guidelines do not address Adderall. National Institutes of Health, National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html#why> states this medication is used as part of a treatment program to control symptoms of ADHD. NIH further states, "The combination of dextroamphetamine and amphetamine should not be used to treat excessive tiredness that is not caused by narcolepsy." AETNA guidelines require a diagnosis of ADHD or Narcolepsy AND trial of a generic amphetamine. The patient has tenderness to palpation over the left sacroiliac joint, pain with loading on twisting lateral movement, and a positive Patrick/Gaenslen test. He is

diagnosed with low back pain, lumbar disc with radiculitis, cervical disc with radiculitis, cervicalgia, post-traumatic organic brain syndrome, major depression disorder, generalized anxiety disorder, and sleep disorder. The 05/07/15 report states that the patient's medications "continue to be helpful and effective." The treater is requesting Adderall to increase the patient's focus and memory. The available guidelines support use of Adderall for ADHD and excessive tiredness caused by narcolepsy. In this case, there is no clinical evidence provided of these conditions for this patient. Therefore, the requested Adderall is not medically necessary.

Ambien quantity unspecified: 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 Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 08/20/12 and presents with lumbar spine pain, cervical spine pain, nightmares, flashbacks, sleep disturbance, anxiety, depression, and chronic pain. The request is for Ambien, quantity unspecified for sleep. The RFA is dated 05/17/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 01/23/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with low back pain, lumbar disc with radiculitis, cervical disc with radiculitis, cervicalgia, post-traumatic organic brain syndrome, major depression disorder, generalized anxiety disorder, and sleep disorder. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 01/23/15, which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis, which is not recommended by ODG Guidelines. Therefore, the requested Ambien is not medically necessary.

Cialis quantity unspecified: 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 AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The patient was injured on 08/20/12 and presents with lumbar spine pain, cervical spine pain, nightmares, flashbacks, sleep disturbance, anxiety, depression, and chronic pain. The request is for Cialis, quantity unspecified. The RFA is dated 05/17/15 and the patient

is on temporary total disability. The patient has been taking this medication as early as 04/08/15. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. The patient is diagnosed with low back pain, lumbar disc with radiculitis, cervical disc with radiculitis, cervicgia, post-traumatic organic brain syndrome, major depression disorder, generalized anxiety disorder, and sleep disorder. The reason for the request is not provided. The physician has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. There is no discussion of ED. Without a statement of medical necessity, a comprehensive examination supporting the diagnosis of ED, or a condition, which could cause ED, use of this medication cannot be substantiated. The requested Cialis is not medically necessary.