

Case Number:	CM15-0207776		
Date Assigned:	10/26/2015	Date of Injury:	11/28/2001
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This injured worker is a 57 year old male, who sustained an industrial injury on 11-28-2001. The injured worker was diagnosed as having chronic low back pain with failed back surgery and apparent non-fusion of lumbar spine and insomnia due to pain. On medical records dated 07-28-2015, 08-25-2015 and 08-26-2015, the subjective complaints were noted as chronic pain. Pain was noted as a 7 at its worst and a 3 as an average. Objective findings were noted as lumbar spine was noted to have point tenderness along the lumbar spine at L3-L4 and mild paraspinal musculature spasm. Treatments to date included medication, surgical intervention, epidural steroid injections, chiropractic therapy, TENS unit, trigger point injections and physical therapy. Current medications were listed as Ambien, (since at least 07-2015) Nuvigil, Androgel, Trazadone, Testosterone, Norco, Morphine, Gabapentin, Celebrex and Oxycodone IR. The Utilization Review (UR) was dated 09-25-2015. A Request for Authorization was 09-17-2015. The UR submitted for this medical review indicated that the request for Skelaxin 800mg #270 - 3 refills, Viagra 100mg #15 - 3 refills and Zolpidem 10mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #15, 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Opioids for chronic pain and Other Medical Treatment Guidelines AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with pain to low back and left lower extremity rated 3-7/10. The patient is status post lumbar fracture and spinal fusion surgery in 2006. The request is for VIAGRA 100MG #15, 3 REFILLS. Patient's diagnosis per Request for Authorization form dated 09/17/15 includes erectile dysfunction. Physical examination to the lumbar spine on 06/17/15 revealed spasms and tenderness to the paraspinal muscles and decreased deep tendon reflexes of +1 in the lower extremity. Treatment to date has included surgery, imaging studies, massage, chiropractic, TENS, injections and medications. Patient's medications include Viagra, Zolpidem, Skelaxin, Norco, Androgel, Trazodone, Celebrex, Gabapentin, and Morphine ER. The patient is retired, per 08/26/15 report. MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. ODG, Pain Chapter under Opioids for chronic pain states: Adverse effects: These include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. Men taking opioids, especially high doses and over several months, are about 50% more likely to fill a prescription for erectile dysfunction (ED), according to a study of over 11,000 men. Per 04/23/15 report, the patient has a diagnosis of male hypogonadism assessed on 08/28/13, and continues with low testosterone. Per 04/23/15 report, the patient has been utilizing AndroGel topically since 03/27/15; and receives 200mg testosterone injections every two weeks, per 06/17/15 report. The patient also has a history of long-term opiate use. Given the patient's current diagnosis of hypogonadism and erectile dysfunction, the request for Viagra appears reasonable and indicated by guidelines. Therefore, the request IS medically necessary.

Zolpidem 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, Pain.

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, under Zolpidem.

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with pain to low back and left lower extremity rated 3-7/10. The patient is status

post lumbar fracture and spinal fusion surgery in 2006. The request is for ZOLPIDEM 10MG #90. Patient's diagnosis per Request for Authorization form dated 09/17/15 includes insomnia. Physical examination to the lumbar spine on 06/17/15 revealed spasms and tenderness to the paraspinal muscles and decreased deep tendon reflexes of +1 in the lower extremity. Treatment to date has included surgery, imaging studies, massage, chiropractic, TENS, injections and medications. Patient's medications include Viagra, Zolpidem, Skelaxin, Norco, Androgel, Trazodone, Celebrex, Gabapentin, and Morphine ER. The patient is retired, per 08/26/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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. (Feinberg, 2008)" Per 04/23/15 report, Zolpidem has been entered on 02/26/15, which is 7 months from UR date of 09/25/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Continued use of this medication would not be in accordance with guidelines. In addition, the request for quantity 90 is excessive and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Skelaxin 800mg #270, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Based on the 08/26/15 progress report provided by treating physician, the patient presents with pain to low back and left lower extremity rated 3-7/10. The patient is status post lumbar fracture and spinal fusion surgery in 2006. The request is for SKELAXIN 800MG #270, 3 REFILLS. Patient's diagnosis per Request for Authorization form dated 09/17/15 includes low back pain and muscle spasm. Physical examination to the lumbar spine on 06/17/15 revealed spasms and tenderness to the paraspinal muscles and decreased deep tendon reflexes of +1 in the lower extremity. Treatment to date has included surgery, imaging studies, massage, chiropractic, TENS, injections and medications. Patient's medications include Viagra, Zolpidem, Skelaxin, Norco, Androgel, Trazodone, Celebrex, Gabapentin, and Morphine ER. The patient is retired, per 08/26/15 report. MTUS Chronic Pain Guidelines for Muscle relaxants section, pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████

██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Skelaxin has been included in patient's medications per progress report dated 06/17/15 and RFA dated 09/17/15. It is not known when this medication was initiated. MTUS recommends muscle relaxant such as Skelaxin only for a short period (no more than 2-3 weeks). Continued use of this medication would not be in accordance with guidelines. In addition, the request for quantity 270 with 3 refills is excessive and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.