

Case Number:	CM15-0035381		
Date Assigned:	03/03/2015	Date of Injury:	11/28/2006
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 52-year-old male injured worker suffered an industrial injury on 11/28/2006. The diagnoses were major depressive disorder, and post-traumatic stress disorder. The treatments were psychiatric therapy and medications. The treating provider reported irregular sleep pattern, complaints of back, bilateral shoulder and arm pain. The Utilization Review Determination on 1/30/2015 non-certified the requests for Viagra 100mg/tab; 1 tab PRN #5 and Ambien 10mg/tab; 1 tab at bedtime #30, citing MTUS & ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg/tab; 1 tab PRN #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Pages 110-111.

Decision rationale: Per guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including natural decreased testosterone that occurs with aging, side effect of medications such as certain SSRIs and anti-epileptic drugs, comorbid endocrinological and vascular disorders in erectile dysfunction such as conditions of diabetes, and hypertension. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. Although testosterone replacement may be recommended in limited circumstances in patients taking long-term high-doses of oral and intrathecal opioids, clear exhibition of symptoms and signs of hypogonadism such as gynecomastia must be documented along with low testosterone level identified by testing. Submitted reports have not demonstrated support for this medication as the patient remains without any specific sexual dysfunction complaints, remarkable objective clinical findings, or clinical diagnosis of such. The Viagra 100mg/tab; 1 tab PRN #5 is not medically necessary and appropriate.

Ambien 10mg/tab; 1 tab at bedtime #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 (ODG), Treatment Index, 11th Edition (web), 2014, Pain Chapter, Ambien (Zolpidem).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management. The Ambien 10mg/tab; 1 tab at bedtime #30 is not medically necessary and appropriate.