

Case Number:	CM15-0088257		
Date Assigned:	05/12/2015	Date of Injury:	02/28/2005
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 56-year-old male, who sustained an industrial injury on 2/28/2005. He reported acute onset of low back pain while working with jack and pulleys to lift an engine. Diagnoses include lumbar spine arthropathy, radiculopathy, status post five lumbar surgeries. Treatments to date include medication therapy, home exercise, and in the distant past, physical therapy. Currently, he complained of chronic ongoing low back pain with bilateral lower extremity symptoms. The pain was rated 6/10 VAS. He reported sleeping about 4-5 hours a night, waking secondary to pain. He reported erectile dysfunction due to pain. On 12/23/14, the physical examination documented diffuse tenderness to palpation with muscle spasms in bilateral lumbar region with decreased range of motion. There was decreased sensation and a bilaterally positive straight leg raise test. The plan of care included Ambien 10mg one tablet before bed #30 and Viagra 100mg one tablet as needed #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien #30 10mg 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 (ODG), Pain procedure summary online version - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Drug information.

Decision rationale: The MTUS is silent regarding the use of Ambien for chronic insomnia. The FDA has approved the use of Ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication, a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms, they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case, the patient has been prescribed Ambien longer than the recommended amount of time. He continues to suffer from active depressive symptoms and anxiety. The continued use of Ambien is not medically necessary.

Viagra #8 100mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com - Sildenafil - Viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Drug information.

Decision rationale: The MTUS is silent regarding the use of Viagra. According to UptoDate.com, the use of Viagra is FDA approved for the treatment of erectile dysfunction and pulmonary artery hypertension. Patients who are taking this medication should be monitored for pulmonary edema and should have their blood pressure and heart rate monitored. In this case, the patient suffers from low back pain, depression and anxiety. The documentation does not support that the patient has a diagnosis of either ED or pulmonary artery hypertension. There is no documentation to note if prior use of Viagra was effective or improved function. The continued use of this medication is not medically necessary.