

Case Number:	CM14-0161579		
Date Assigned:	10/07/2014	Date of Injury:	11/09/1995
Decision Date:	12/15/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine and is licensed to practice in Maryland. 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:

The employee was a 54-year old male who sustained an industrial injury on 11/09/95. Prior history was significant for lumbar fusion in 1999. An MRI of the lumbar spine from 07/20/12 showed postoperative changes at L4-L5 and L5-S1 consistent with lumbar fusion with severe spondylitic disease and end plate spondylosis. Prior treatments included lumbar epidural steroid injection, acupuncture, massage therapy and oral medications. His medications in April 2014 included Viagra, Cymbalta, Fioricet, Ambien CR, Baclofen, Ketamine cream, Morphine sulphate ER and Lovastatin 10mg. His Viagra was noted to be for erectile dysfunction, Ambien CR for sleep and Fioricet for headaches. In the clinical note from June 10, 2014, he was noted to have erectile dysfunction due to his chronic pain and was using Viagra for that. He was taking Fioricet for headaches. He had difficulty sleeping from pain and used Ambien which helped him get about 6 hours of sleep. Without medications, he got about 5 hours of sleep. The UR appeal letter from 08/28/14 was reviewed. His pertinent complaints included back pain, insomnia, erectile dysfunction, headaches and muscle spasms. Regarding erectile dysfunction, the employee was reported to be taking Viagra as needed without side effects. It was beneficial to him. Regarding Fioricet, it was noted that the employee had chronic headaches due to pain. Hence the use of Fioricet was medically necessary. He did not show evidence of overuse or drug dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet- butalbital/apap caffeine tab- 1 b.i.d. PRN for headache #60: 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 Barbiturates Page(s): 23.

Decision rationale: According to MTUS Chronic Pain Guidelines, Fioricet is a barbiturate and is not recommended for chronic pain due to high dependence rate and since there is no clinical studies to show their analgesic efficacy. Even though the provider documents ongoing headaches, there are no preventive medications for headaches. Fioricet was being used in this case for a prolonged period increasing the risk of rebound headaches. The request for Fioricet is not medically necessary or appropriate.

Viagra 100mg tab - 1 tab PO 1 hour before sexual acitvity #30: Overturned

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: www.uptodate.com, Topic, Treatment of male sexual dysfunction, subtopic, overview of management approach for erectile dysfunction

Decision rationale: Viagra is a PDE-5 inhibitor used as a first line therapy for erectile dysfunction because of their efficacy, ease of use and favorable side effect profile. The employee had documented erectile dysfunction and benefitted from prior use of Viagra. Hence the request for Viagra is medically necessary and appropriate.

Ambien Cr 12.5 mg #30: Overturned

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 (ODG) Mental illness and stress, Insomnia treatment

Decision rationale: According to Official Disability Guidelines, Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and or sleep maintenance. Longer-term studies have found that Ambien CR can be effective for up to 24 weeks in adults. Due to adverse effects, FDA now requires lower doses of Ambien for women. According to the clinical notes reviewed, the employee was sleeping up to 6 hours with Ambien CR as opposed to 5 hours without medications. In addition, he had failed multiple other treatments for his chronic pain and was having insomnia due to that. The provider indicated that this was an extenuating circumstance necessitating Ambien CR for a longer period than recommended. Based on this, the request for Ambien CR is medically necessary and appropriate.

