

Case Number:	CM14-0152067		
Date Assigned:	09/22/2014	Date of Injury:	02/22/2012
Decision Date:	05/01/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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. 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 51-year-old male who sustained an industrial injury on 02/22/12. Initial complaints and diagnoses are not available. Treatments to date include medications, surgery, and physical therapy. Diagnostic studies are not discussed. Current complaints include continued pain in the low back radiating down to the left lower extremity as well as pain in the left knee, thigh, foot, and ankle. In a progress note dated 08/07/14 the treating provider reports the plan of care for 6 hours, 7 days a week, and medications including Norco, Ambien, Colace, Xanax, and topical creams. The requested treatments are Ambien, Colace, and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 7/10/14.

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 02/22/12 and presents with left knee pain, left thigh pain, left foot pain, left ankle pain, and low back pain radiating to the left lower extremity. The request is for Ambien 10 Mg #30 Times 2 Refills. There is no RFA provided and the patient is permanent and stationary. MTUS and ACOEM Guidelines are silent with regard to this 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 has been diagnosed with insomnia and it appears that this is the initial of Ambien. The treater is requesting for 30 tablets with two refills. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the requested 30 tablets with two refills is for long-term basis and is not recommended by ODG Guidelines. Therefore, the requested Ambien Is Not medically necessary.

Colace 100mg #60 times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic medication Page(s): 76-78.

Decision rationale: The patient was injured on 02/22/12 and presents with left knee pain, left thigh pain, left foot pain, left ankle pain, and low back pain radiating to the left lower extremity. The request is for Colace 100 Mg #60 Times 2 Refills. There is no RFA provided and the patient is permanent and stationary. MTUS Guidelines pages 76- 78 discusses prophylactic medication for constipation when opiates are used. Based on the 08/07/14 report, the patient is taking Norco, Ambien, and Xanax. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. Prophylactic use means to prevent symptoms from arising. However, given that the requested Norco's are not medically indicated, use of this medication would not be indicated either. The request Is Not medically necessary.

Viagra 100mg #10 times 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DMconsult.com. last update 12/14/09, Sildenafil-Viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The patient was injured on 02/22/12 and presents with left knee pain, left thigh pain, left foot pain, left ankle pain, and low back pain radiating to the left lower extremity. The request is for Viagra 100 Mg #10 Times 2 Refills. There is no RFA provided and the patient is permanent and stationary. The report with the request is not provided. The 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. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. In this case, the patient is diagnosed with erectile dysfunction, head trauma, visual impairment, insomnia, and anxiety/depression. Although the patient is diagnosed with erectile dysfunction, there are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. Therefore, the requested Viagra Is Not medically necessary.