

Case Number:	CM14-0214126		
Date Assigned:	01/07/2015	Date of Injury:	12/18/2000
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2000. In a Utilization Review Report dated December 12, 2014, the claims administrator approved or partially approved request for Zestril and Viagra while seemingly denying request for Lunesta. The claims administrator referenced RFA forms and progress notes dated December 9, 2014 and October 28, 2014 in its determination. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant reported persistent complaints of low back and leg pain status post earlier failed lumbar laminectomy surgery. The applicant had residual weakness about the right leg. The applicant was status post epidural steroid injection therapy. The applicant's medication list included Motrin, topical lidocaine ointment, capsaicin cream, Zestril, Viagra, Lunesta, Ultracet, Norco, Soma, Lyrica, Glucophage, Synthroid, Januvia, Lovaza, and Niaspan, it was acknowledged. A gym membership was sought. Permanent work restrictions were renewed, although it did not appear that the applicant was working with said limitations in place. The attending provider suggested that the applicant had sustained both a cumulative trauma and a specific injury. The attending provider indicated in his progress note that he had given the applicant a three-month supply of Lunesta on prior occasion. The attending provider stated in the past medical history section of the note that the applicant did have known issues with hypothyroidisms, hypertension, dyslipidemia, and diabetes. The applicant was described as moderately obese in the clinic. The applicant's blood pressure was not taken. The applicant's hemoglobin A1c was not reported. In a Medical-legal Evaluation dated September 19, 2014, the

applicant reported persistent complaints of low back pain. The applicant was using Synthroid, Zestril, metformin, Lyrica, Lunesta, Soma, Norco, and tramadol, it was acknowledged. The applicant was 6 feet 1 inch tall and weighed 250 pounds. The applicant was working without restrictions, the medical-legal evaluator suggested. The applicant did have issues with diabetic peripheral neuropathy and was status post a lumbar laminectomy surgery. The applicant's blood pressure was not taken. The applicant's hemoglobin A1c was likewise not reported. On a June 23, 2014 progress note, the attending provider noted that the applicant had had earlier electrodiagnostic testing of March 2013 suggesting evidence of chronic L5-S1 lumbar radiculopathy and evidence of superimposed mild peripheral neuropathy, generalized. A gym membership was sought. Once again, the applicant's blood pressure was not measured. The applicant's diabetes control was likewise not discussed. The remainder of the file was surveyed. Recently documented hemoglobin A1c was not on file. The bulk of the progress notes on file likewise contained no measurements of the applicant's blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter

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 Chapter, Eszopiclone topic.

Decision rationale: 1. No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The 30-tablet, two-refill supply of Lunesta at issue, furthermore, represents treatment well in excess of the "short-term use" for which Lunesta is recommended, per ODG's Mental Illness and Stress Chapter Eszopiclone topic. No rationale for such a protracted course of Lunesta was proffered by the attending provider in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Lisinopril 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes (Type 1,2 and Gestational) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Lisinopril Medication Guide.

Decision rationale: 2. Similarly, the request for lisinopril, a blood pressure lowering medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of lisinopril usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of "efficacy of medication for the particular condition" for which it is being employed. Here, none of the attending providers documented the applicant's blood pressure on any recent office visit, referenced above. While the Food and Drug Administration (FDA) does acknowledge that lisinopril (Zestril) is indicated in the treatment of hypertension, either as monotherapy or as combo therapy, in this case, however, the failure of the treating providers to document the applicant's blood pressure from visit to visit makes it difficult to justify continuation of lisinopril (Zestril). Therefore, the request was not medically necessary.

Viagra 100mg, #10 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

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: American Urologic Association (AUA), Management of Erectile Dysfunction Guidelines.

Decision rationale: 3. Similarly, the request for Viagra, a 5-phosphodiesterase inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5-phosphodiesterase inhibitors such as Viagra do represent a first line of therapy for erectile dysfunction, the AUA qualifies its recommendation by noting that applicants receiving 5-phosphodiesterase inhibitor therapy should periodically be followed up upon to determine the efficacy, side effects, and/or any significant changes in health status. Here, the attending provider did not clearly state whether ongoing usage of Viagra was or was not proving beneficial in ameliorating alleged symptoms of erectile dysfunction. Therefore, the request was not medically necessary.