

<b>Case Number:</b>	CM15-0112371		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Pain Management

### 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 42 year old male who sustained an industrial injury on 1/10/07 in the form of a repetitive motion type of injury. He had six spinal surgeries. He currently complains of low back radiating down both lower extremities with guarding and tenderness of the lumbar spine. His pain level is 7/10. He has neck pain associated with cervicogenic headaches with pain radiating down both upper extremities. He has urinary incontinence and erectile dysfunction. On physical exam of the lumbar spine there was tenderness on palpation with numerous palpable trigger points, decreased range of motion, and positive straight leg raise bilaterally in sitting position. Medications are Morphine pump (better pain control) inserted 3/19/15, Anaprox, Prilosec, Neurontin, trazadone, Cialis, Valium, medicinal marijuana, Topamax, OxyContin, Ambien. Diagnoses include lumbar degenerative disc disease with spondylolisthesis; bilateral lower extremity radiculopathy; medication induced gastritis; sleep difficulties; reactionary depression/ anxiety; nephrectomy left; posterior lumbar inter-body fusion (12/5/08); revision with hardware removal (2/2010); status post posterior lumbar inter-body fusion L3-4, L4-5 and L5-S1 (7/29/11); status post removal of anterior inter-body cages with repair of pseudoarthrosis and inter-body fusion at L4-5 and L5-S1 (9/13/11); erectile dysfunction; cervical myoligamentous injury with bilateral upper extremity radicular symptoms; removal of hardware with extension of the fusion to L2-3 (6/18/13); industrial related hypertension. Treatments to date include lumbar epidural steroid injection with relief; failed spinal cord stimulator trial (11/1/10); pain management. Diagnostics include electro diagnostic studies of the upper extremities (3/11/14) showing evidence of chronic, active C5-6 bilateral radiculopathy and bilateral carpal tunnel syndrome; electro diagnostic studies of the lower extremities (4/17/14)

showing chronic active L4-5 and L5-S1 radiculopathy; MRI of the lumbar spine showed a large seroma at L5-S1 (no date); computed tomography of the lumbar spine ( 12/3/10) showed L2-3, L3-4 through L5-S1 inter-body fusion; MRI of the cervical spine (9/21/12) showing disc bulge, facet arthropathy and left neural foraminal narrowing. In the progress note dated 4/30/15 the treating provider's plan of care includes requests for trigger point injection; Ambien 12.5 mg as needed at bedtime; Cialis 20 mg as needed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ambien CR 12.5mg #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, 13th Edition (Web), 2015, Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

#### **Cialis 20mg #20: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111 of 127. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

**Decision rationale:** Regarding the request for tadalafil (Cialis), Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease.

The National Library of Medicine indicates that Cialis is used to treat erectile dysfunction. Within the documentation available for review, it is noted that the patient's erectile dysfunction has apparently been attributed to opioid use, which has been continued despite multiple recommendations against ongoing opioid therapy. Furthermore, there is no recent indication of the patient's response to prior use of Cialis as well as ongoing need for the medication. In the absence of clarity regarding the above issues, the currently requested tadalafil (Cialis) is not medically necessary.

**Retrospective four trigger-point injections administered on 4/30/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination and radiculopathy is not present. Repeat trigger point injections may be indicated provided there is at least 50% pain relief with objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief with objective functional improvement for 6 weeks as a result of previous trigger point injections. Furthermore, the patient appears to have active radiculopathy and trigger point injections are not indicated when radiculopathy is present. In light of the above issues, the requested trigger point injections are not medically necessary.