

<b>Case Number:</b>	CM15-0178485		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Emergency 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 34 year old male who sustained an industrial injury on 4-2-08. He works intermittently when he can get work. Diagnoses include anxiety; depression. As per the 7-215 progress notes he continues to be weaned from Xanax and currently not taking Provigil as it was not approved. He continues on his other medications. Ambien was noted in the 6-1-15 progress note. Treatments to date included medications: Xanax, Wellbutrin, Cymbalta, Ambien for sleep, Depakote, trazadone for sleep, Provigil, Requip, Seroquel; psychiatry. The request for authorization dated 8-12-15 indicated Viagra 100mg #15 with 4 refills and Ambien 10mg #30 with 4 refills. On 8-19-15 utilization review evaluated and non-certified the requests for Ambien 10mg #30 with 4 refills based on no support for long term use, no extenuating circumstances to support ongoing use; Viagra 100mg #15 with 4 refills based on lack of objective evidence of erectile dysfunction and improvement with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #15 refills: 04: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date Evaluation of male sexual dysfunction.

**Decision rationale:** The requested Viagra 100mg #15 refills: 04, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, Up-to-date Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has chronic depression. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Viagra 100mg #15 refills: 04 are not medically necessary.

**Ambien 10mg #30 refills: 04:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), 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) Pain (Chronic), Insomnia Medications.

**Decision rationale:** The requested Ambien 10mg #30 refills: 04, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has chronic depression. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 refills: 04 are not medically necessary.