

Case Number:	CM15-0178515		
Date Assigned:	09/21/2015	Date of Injury:	02/28/2005
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	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: 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 injured worker is a 56 year old male, who sustained an industrial injury on 2-28-2005. The injured worker is being treated for status post 5 lumbar surgeries, lumbar spine facet arthropathy, lumbar radiculopathy, and lumbar spondylosis without radiculopathy. Treatment to date has included multiple surgeries of the lumbar spine, diagnostics, epidural injections, spinal cord stimulator trial, TENS, and medications. Medications as of 7-27-2015 include Norco, Naproxen, Senna, Gabapentin, Nucynta and Omeprazole. He is prescribed Bupropion, Ambien and Seroquel by his psychiatrist. Per the Primary Treating Physician's Progress Report dated 7-27- 2015, the injured worker presented for pain management follow-up. He rates his pain as 6-7 out of 10, described as tingling and numbness with radiation down the lower extremities to the feet. He describes pain, tingling and numbness in the bilateral lower extremities, worse on the right. He states that his pain is 10 out of 10 without medications and 5 out of 10 with medications. He reports that his pain would be intolerable without the prescribed medications and allow improvement in function, specifically an increase in walking, ability to participate in home exercise and activities around the house. Objective findings included tenderness to palpation of the bilateral lumbar paraspinals and midline. CURES report dated 7-27-2015 is consistent. He has signed a pain contract 8-25-2014. Per the medical records dated 6-01-2015 to 7-27-2015, there is no documentation of a decrease in subjective pain levels with the current treatment. The plan of care included medications and authorization was requested for Wellbutrin SR 100mg #60, Ambien 10mg #30, Seroquel 50mg #30, Buspar 10mg #60, and Viagra 100mg #6. On 8-26-2015, Utilization Review non-certified the request for Ambien and Viagra, and modified the request for Seroquel and Buspar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 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 Official Disability Guidelines: 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) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10 mg Qty 30 with 2 refills is not medically necessary.

Seroquel 50 mg Qty 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 Official Disability Guidelines: Pain - Seroquel; Atypical antipsychotics.

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), Anxiety medications in chronic pain.

Decision rationale: Seroquel appears to have been prescribed as adjunct to his antidepressant and as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders, which sometimes produce poor sleep. There is no documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, neither of which the patient suffers from based on the medical record. Seroquel 50 mg Qty 30 with 2 refills is not medically necessary.

Buspar 10 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. Buspirone, trade name Buspar, is an anxiolytic psychotropic drug of the azapirone chemical class. Buspirone is approved in the United States by the FDA for the treatment of anxiety disorders and the short-term relief of the symptoms of anxiety. There is no documentation of the above indications. Buspar 10 mg Qty 60 with 2 refills is not medically necessary.

Viagra 100 mg Qty 6 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.drugs.com] - Viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction 2. No concurrent use of nitrates 3. Any one of the following: a. Member is 55 years of age or older; b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease); c. Documentation of a normal testosterone level; d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product; Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request) In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH 2. Inadequate response or inability to tolerate an alpha-blocker. Documentation in the patient's medical record fails to meet the above inclusion criteria. Viagra 100 mg Qty 6 with 2 refills is not medically necessary.