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| <b>Case Number:</b>   | CM14-0102958 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/28/2006 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 06/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 51-year-old individual was reportedly injured on 11/28/2006. The mechanism of injury was not listed. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of anxiety, and depression. The physical examination demonstrated the patient presented in a slightly brighter mood, maintained adequate eye contact but had more difficulty with memory and concentration during session. The patient grimaced throughout the session in reaction to pain and discomfort. No recent diagnostic studies are available for review. Previous treatment included conservative treatment. A request had been made for Ambien 10 mg #30 and Viagra 100 mg #5 with 3 refills and was not certified in the pre-authorization process on 6/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpiderm Tartrate 10mg #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request; therefore ODG was used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**Viagra 100mg 35, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: The Merck Manual. Erectile Dysfunction. Viagra.

**Decision rationale:** CA MTUS and ODG guidelines do not address this issue. Therefore, other medical literature was used for citation. Viagra is a drug used to treat erectile dysfunction. After review of the medical records provided, there was insufficient documentation necessitating the need for this medication. Therefore, this request is deemed not medically necessary.