

Case Number:	CM13-0031504		
Date Assigned:	12/04/2013	Date of Injury:	03/07/2008
Decision Date:	09/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Psychiatry, and is licensed to practice in California. 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 patient is a 44 year old male who claims to have sustained a cumulative trauma injury from November 1, 1999 to March 7, 2008. He claims to have sustained injuries to his neck, mid back, low back, and bilateral shoulders, as a result of performing his usual and customary duties as a plumber for a plumbing company. He attributes his symptoms to lifting and carrying heavy cast iron tubs, water heaters, etc., as well as pushing, pulling, awkward positioning, and repetitive use of the bilateral upper extremities. Employer's Report of Occupational Injury, dated 9/9/04, stated the patient was injured "7/12/04," and sustained injury of "laceration to forehead." He was "under house cutting out an old drain line and capping it off He hit his forehead on a pipe." He received treatment at "Coastal Physicians Medical Group." He did not miss any time from work. He has been treated with Prozac, Cialis and Lunesta the medical necessity (or lack thereof) are both the issues at hand for the first two of these three medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: In this case the patient had depressive symptoms as documented by his Agreed Medical Examiner, [REDACTED] Board Certified in Internal Medicine and Rheumatology: "In terms of the patient's mood, he noted that he has been treated with Prozac for

depression. He pointed out that his depression is better with the Prozac. He pointed out that he is moody and easily irritated. He does not like to go anywhere." There is no documentation provided about the duration of use of Prozac and no adverse effects from Prozac are noted in the records provided. Prozac appears to have been helpful for this patient and no adverse effects were noted in the records provided. Prozac is FDA approved for depressive symptoms, and as such is safe and effective. Further, it is cost effective in the generic form. As such, it is clearly medically necessary for the one prescription requested in the medical records provided.

Cialis 20mg: Overturned

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 Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; National Guideline Clearinghouse.

Decision rationale: For this patient, Cialis appeared to be effective, and without adverse effects, and these two considerations would support medical necessity for the one prescription requested in the attached medical records. (The specified quantity of one prescription was noted from the document from cid management dated September 17, 2013.) Therefore, the request is medically necessary.