

Case Number:	CM13-0064129		
Date Assigned:	01/03/2014	Date of Injury:	03/07/2008
Decision Date:	04/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

55 year old male with date of injury 3/7/2008. Date of Utilization Review (UR) decision was 11/26/2013. The injured worker's mental health diagnosis include Major Depressive Disorder, moderate; Insomniatype sleep disorder secondary to pain; and psychological factors affecting medical condition. Per Progress Report dated 10/03/2013, he is being prescribed Prozac 40 mg every morning "to reduce intensity and frequency of depressed mood", cilais 20 mg as needed to "improve his ability to engage in sexual activity" and lunesta 3 mg nightly "to improve his ability to sleep".

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Prozac 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 & 402. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, SSRI's.

Decision rationale: MTUS is silent regarding this issue. ODG states that Prozac (fluoxetine), a selective serotonin reuptake inhibitor is a first line treatment option for major depressive disorder. The reviewed documentation suggests that the injured worker suffers from major depressive disorder, moderate. Also, it has been noted that Prozac has provided limited relief with his depressed mood, however he was reported to be stable with the current regimen and has no side effects. The documentation does not specify the quantity of Prozac requested. Thus, additional information is necessary to affirm medical necessity.

Prospective request for 1 prescription of Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

Decision rationale: The injured worker has been on the Lunesta since Oct 2012 per the reviewed documentation. Reviewed documentation does not provide information regarding how long the medication is intended to be continued since medications for insomnia are not intended for long term use usually. Also, the quantity requested has not been specified. Additional information is needed to affirm medical necessity.

Prospective request for 1 prescription of Cialis 20mg: 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: FDA Package Insert- Cialis.

Decision rationale: MTUS is silent regarding this issue. Cialis drug, first intended for the treatment of erectile dysfunction (ED), received US FDA approval in 2011 for another two indications: for the treatment of benign prostatic hyperplasia (BPH), and BPH and ED together. The injured worker has been prescribed Cialis to "improve his ability to engage in sexual activity". There is no evidence that suggests that the injured worker suffers from ED or Benign Prostatic Hyperplasia (BPH) which are the only two approved indications for Cialis per FDA at this time. Prescription of Cialis is not medically necessary at this time.