

<b>Case Number:</b>	CM14-0000642		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine and Preventative Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for erectile dysfunction, hypertension, and chronic pain associated with an industrial injury sustained on January 6, 2009. Thus far, the applicant has been treated with analgesic medications, topical compounds, blood pressure lowering medications, right shoulder arthroscopy, earlier carpal tunnel release surgery, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. In a note dated May 1, 2013, the applicant was described as using Viibryd for depression, was asked to discontinue Chlordiazepoxide, was asked to try Klonopin for anxiety disorder, and was asked to try Skelaxin for pain and muscle spasm. Topical Pennsaid was also apparently endorsed on that date. In a medical-legal evaluation on May 6, 2013, the applicant was described as having issues with anxiety, depression, and shoulder pain. The applicant was described as off of work, on total temporary disability. On March 29, 2013, the applicant was given a shoulder corticosteroid injection. In an internal medicine note dated August 6, 2012, the applicant was described as having persistent sexual dysfunction, which had reportedly improved with introduction of Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VIAGRA 100MG #15 (30 DAY SUPPLY):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content.aspx?id=15652&search=viagra](http://www.guideline.gov/content.aspx?id=15652&search=viagra).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Associate (AUA), Guideline on the Management of Erectile Dysfunction.

**Decision rationale:** The MTUS/ACOEM does not address the topic, so alternate guidelines were used. As noted by the American Urological Association (AUA), 5 phosphodiesterase inhibitors such as Viagra should be offered as a first-line of therapy for erectile dysfunction. The applicant does have reported erectile dysfunction which has responded favorably to introduction of Viagra. Continuation of the same is indicated and appropriate. Therefore, the request is medically necessary.

**CHLORDIASEPOXIDE/CLIDINIUM 5MG/2.5MG #60 (30 DAY SUPPLY): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009562/](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009562/).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, anxiolytic medications such as Librium are indicated only for brief periods, in cases of overwhelming symptoms, to allow an applicant the opportunity to regroup emotional resources. In this case, however, there was no mention of overwhelming symptoms appreciated on any recent progress note. The attending provider, furthermore, is seemingly endorsing Librium for twice daily usage. This is not an appropriate usage of this medication according to the ACOEM, which suggests only short-term usage of benzodiazepines during cases of overwhelming symptoms, which are not evident here. Therefore, the request is not medically necessary.

**KETOPRO/LID/CYCL PRO GEL 20/5/1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Ketoprofen nor Cyclobenzaprine are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations, the entirely compound is considered not recommended, per page

111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.