

Case Number:	CM14-0120539		
Date Assigned:	08/06/2014	Date of Injury:	09/01/2011
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Practice, 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:

This 32 year old male claimant sustained a work injury on 9/1/11 resulting in syncope related to work harassment and stress. He was diagnosed with depression and anxiety disorder. In addition he developed renal disease and underwent a kidney transplant and was on immunosuppressant's including Tacrolimus. A progress note on 7/7/14 indicated the claimant had been on Lunesta at night to treat insomnia related to depression and anxiety. He had been taking Lunesta since at least 2012. He had been on Pristiq for depression, which resulted in erectile dysfunction. He had completed 6 months of outpatient psychiatric therapy. He had been on Cialis 20 mg monthly for several months for erectile dysfunction. He had previously tried Zolpidem due to insufficient response to insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Insomnia Medications -Defer to the MTUS clinical topics, Work Loss Data Institute, Official Disability Guidelines Treatment In Workers Compensation, 8th Edition 2010 Insomnia treatment.

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Lunesta is approved for use beyond 35 days. In this case, the claimant had been using it for more than 2 years in addition, to other prior insomnia medications. The current sleep quality is unknown. The notes do not support the continued use. The continued use of Lunesta is not medically necessary.

Cialis 20 mg # 8: Upheld

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 Antidepressants Page(s): 10-15. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AAFP- erectile dysfunction guidelines Feb 2010.

Decision rationale: The ACOEM and MTUS guidelines do not comment on Cialis and Erectile Dysfunction. Antidepressants can cause sexual side effects. They are not known to have permanent effects on erection. Discontinuation or alteration in medication can often improve sexual side effects. In addition, there is no indication of low testosterone induced from medication use. There has been no other examination indicated that the claimant has an erectile dysfunction secondary to the depression vs. anti-depressant effects vs. another organic etiology from possible prior immunosuppressant use. A further diagnostic evaluation may be appropriate. As a result continued use of Cialis is not medically necessary.