MAXIMUS Federal Services

Case Number:	CM14-0165280		
Date Assigned:	10/10/2014	Date of Injury:	10/01/2012
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Psychiatry and is licensed to practice in Texas. 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 injured worker is a 58 year old male with a date of injury on 10/1/2012 which was a sexual assault. His psychiatric diagnoses include post-traumatic stress disorder, depression, and panic disorder. On 8/13/14, a physician's note indicates he has been improving with treatment. Medications that have been requested for treatment include Ambien, Ativan, Wellbutrin, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg, QTY: 30, with 2 refills: 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) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 07/10/2014, Zolpidem (Ambien)

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

Decision rationale: Regarding Ambien 10mg #30, the Official Disability Guidelines states that 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. In this case, the request is for quantities that exceed the guidelines. Therefore, the request for Ambien 10 mg, quantity: 30, with 2 refills are not medically necessary.

Ativan 1 mg, QTY: 60, with 2 refills: 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) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 07/10/2014, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine use is not recommended with tolerance to anxiolytic effects occurring within months. Alternatives for post-traumatic stress disorder, including cognitive behavioral therapy, eye movement desensitization and reprocessing and non-benzodiazepines are preferable. Therefore, the requested Ativan1 mg, Quantity: 60, with 2 refills is not medically necessary.

Cialis 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Tadalafil (Cialis)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference. 66th edition. Montvale, NJ: PDR Network. 2011 Comparison of the efficacy and safety of 5-mg once-daily versus 5-mg alternate-day tadalafil in men with erectile dysfunction and lower urinary tract symptoms. International Journal of Impotence Research , (3 July 2014) | doi:10.1038/ijir.2014.19 Psychosocial outcomes after initial treatment of erectile dysfunction with tadalafil once daily, tadalafil on demand or sildenafil citrate on

Decision rationale: Regarding Cialis 5mg, the Chronic Pain Medical Treatment Guidelines does not specifically address this request. Cialis does not affect libido, which is more likely a manifestation of post-traumatic stress disorder. Cialis should be used at the lowest effective dose. This daily use medication is also available at 2.5 mg. Cialis 5 mg daily is not medically necessary.