MAXIMUS Federal Services

Case Number:	CM14-0022978		
Date Assigned:	05/14/2014	Date of Injury:	09/27/1996
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 psychological stress, depression, postconcussion syndrome, anxiety disorder, and posttraumatic headaches reportedly associated with an industrial injury of September 27, 1996.Thus far, the applicant has been treated with the following: Anxiolytic medications; sleep aids; and medications for erectile dysfunction.In a Utilization Review Report dated February 4, 2014, the claims administrator denied requests for Ambien, Cialis, Provigil, Wellbutrin, and Xanax while partially approving one medication management session. The attending provider cited lack of compelling documentation on the part of the attending provider. The claims administrator stated the attending provider was seemingly copying previous findings from visit to visit. A variety of MTUS and non-MTUS Guidelines were quoted; however, the claims administrator almost exclusively referenced drugs.com and non-MTUS ODG Guidelines in its rationale.The applicant's attorney subsequently appealed.In a medication management report dated October 8, 2013, the attending provider noted that the applicant was given prescriptions for Ambien, Cialis, Provigil, Wellbutrin, and Xanax. The attending provider stated that the reader should be directed to the old reports on file. It was stated that the applicant's mental health issues would spiral out of control without the psychotropic medications in question. One session of medication management was sought every three months.On a progress note, December 2, 2013, also sparse, the attending provider gave the applicant diagnosis of depressive disorder, postconcussion syndrome, and psychological factors. The applicant's work status was not furnished on this occasion. It did appear, however, that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT SESSION EVERY 3 MONTHS: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by a variety of issues, including severity of symptoms and/or whether or not an applicant is missing work. In this case, however, the attending provider has not clearly stated whether or not the applicant is missing work. The attending provider has not stated what the present severity of the applicant's issues is. Therefore, the request is not medically necessary.

AMBIEN 12.5 MG 1 AT BEDTIME WITH 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), Stress and Mental Illness.

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter, Zolpidem topic, Zolpidem or Ambien is not recommended for chronic or long-term use purposes. Rather, Zolpidem or Ambien is recommended for short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is being proposed here. In this case, as with the other request, the attending provider has not proffered any compelling, applicant-specific rationale, narrative, or commentary, which would offset the unfavorable guideline recommendation. Therefore, the request is not medically necessary.

CIALIS 20 MG 1 TABLET DAILY AS NEEDED WITH REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/cialis.html.

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

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5 phosphodiesterase inhibitors such as Cialis do represent the first line of therapy for erectile dysfunction, in this case, the attending provider has not furnished any compelling rationale, narrative, or commentary along with the request for authorization. The attending provider has not clearly stated why the medication is being used. The attending provider has not detailed the applicant's previous response to ongoing treatment with Cialis. As further noted by the American Urologic Association, those applicants who are on 5 PDE inhibitor therapy should be periodically followed up for evidence of efficacy, side effects, and/or significant changes in health status. In this case, again, the attending provider has no detailed why the medication in question, Cialis, is being used, and/or what the applicant's response to previous usage of Cialis was. Therefore, the request is not medically necessary.

PROVIGIL 200MG 1 EVERY MORNING WITH REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/provigil.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration, however, Provigil is a prescription medication used to improve wakefulness in applicants who are sleepy due to diagnosed sleep disorder such as narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, however, the applicant does not seemingly carry any of the aforementioned diagnoses. The applicant does not appear to be working making a shift-work disorder highly unlikely. The applicant does not have any evidence of polysomnographically-confirmed narcolepsy or obstructive apnea for which Provigil would be indicated. It is further noted that, while the MTUS does not directly address the topic, that pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that the burden is on the attending provider to furnish a rationale for usage of medications for non-FDA labeled purposes. In this case, no rationale was provided for usage of Provigil for what is a seemingly non-FDA approved purpose. Therefore, the request is not medically necessary.

WELLBUTRIN 150 MG 1 TABLET TWICE DAILY WITH 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).

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do acknowledge that it takes weeks for antidepressants to take effect, in this case, the applicant has seemingly been using Wellbutrin for what amounts to several months. There has, however, been no discussion of efficacy, functional improvement, diminished psychiatric symptoms, etc.

effected as a result of ongoing Wellbutrin usage. As with the other medication list, the attending provider has seemingly refused to make any comment as to how or if the other medication in question has benefitted the applicant. Therefore, the request is not medically necessary owing to a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Wellbutrin.

XANAX 0.5 MG 1 TABLET TWICE DAILY WITH REFILLS: Upheld

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

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 in Chapter 15, page 402, anxiolytic medications such as Xanax are not recommended for chronic or long-term use purpose. Rather, ACOEM recommends usage of anxiolytics for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with an opportunity to recoup emotional and psychological resources. In this case, however, the attending provider has seemingly suggested that the applicant employ Xanax for chronic, long-term, and/or scheduled use purposes, none of which is supported by ACOEM. Again, no applicant-specific rationale, narrative, or commentary was attached to the progress note and/or request for authorization so as to offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.