

Case Number:	CM14-0023648		
Date Assigned:	05/12/2014	Date of Injury:	02/19/2005
Decision Date:	07/21/2014	UR Denial Date:	02/10/2014
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:

This is a 56 year old male who has reported low back pain and mental illness after an injury on 02/19/05. Treatment has included a lumbar fusion at L4-5 and L5-S1, followed by a spinal cord stimulator placement in 2009 without resolution of symptoms. The injured worker participated in the HELP functional restoration program in June 2013. Current diagnoses include left sciatica, chronic pain syndrome, status post implantation of spinal cord stimulator, depression/anxiety, and advanced narcotic habituation. The psychiatry AME performed on 7/15/13 referred to visits with a psychologist who treated the injured worker from 2006 to 2012. Psychiatric care was provided from 2009-2011. No specific benefit was described. Note was made of considerable symptom exaggeration. The injured worker presented himself as a severely psychotic, paranoid, depressed, anxious, and physically ill. The AME stated that further counseling would not make much difference. Per the report of 01/17/14, there was back, neck, right hip, shoulder, arm, and leg pain. There were ongoing psychiatric symptoms. The specific duration, content, and results of prior psychological care were not discussed. Current medications included Lyrica 75mg 2 tablets QD and Paroxetine 25mg QD. There was no mention of the prior prescriptions for Viagra or the specific indications and evaluation for this drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCH THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS recommends a short course of cognitive behavioral therapy as a trial (3-4 visits), with any further cognitive behavioral therapy contingent upon functional improvement, up to a maximum of 10 visits. This injured worker has been under the care of a psychologist and psychiatrist for years, with no evidence of specific functional improvement, or any other significant improvement as well. The AME has provided a detailed account of the course of care and outcomes, and has also discussed the details of this injured worker's presentation. The AME did not provide any evidence of significant benefit from treatment and stated that further counseling was not indicated. The current treating physician did not provide any further details or justification as to why this injured worker needs additional psychotherapy after the prior years of the same therapy that did not have significant benefit. The MTUS recommendations for a maximum of 10 visits have been greatly exceeded. The request to Independent Medical Review is for an unspecified quantity and duration of this treatment. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Psychotherapy should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. Additional cognitive behavioral therapy is not medically necessary based on lack of a sufficiently specific request, lack of prior benefit, the AME recommendations, and the MTUS recommendations.

VIAGRA: 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 Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction to include the role of chronic pain itself on sexual function; the natural occurrence of decreased testosterone that occurs with aging; the documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); and the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. The clinical documentation provided no discussion regarding the necessity or use of Viagra. Additionally, there were no formal urological evaluations performed to establish the presence or cause of erectile dysfunction. As such, the request for Viagra cannot be recommended as medically necessary at this time.

