

Case Number:	CM14-0023813		
Date Assigned:	06/11/2014	Date of Injury:	05/05/1998
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 62-year-old male who reported an injury on 05/05/1998. The mechanism of injury was not provided in the documentation. Per the psychiatric note dated 05/09/2014, the injured worker was noted to have post-traumatic stress disorder which manifests the same symptoms as a borderline personality disorder client. The injured worker was noted to have had a sleep study with positive symptoms of sleep apnea; however, no continuous positive air pressure (CPAP) was being used at this time. Per the progress note date 05/13/2014, the injured worker continued to report pain to the low back, neck, and shoulders. Per the progress note, the injured worker was reported to have had an injection to his right shoulder in 04/2014 that the injured worker reported was significantly helpful, bringing his pain from a 7/10 to 8/10 down to a 2/10 to 4/10 and allowed the injured worker to be very active doing gardening and chores around the house. On physical exam of the left shoulder, the range of motion was almost full; however, the injured worker complained of pain at the end of the range of motion. Previous treatments involved injections, surgery, and medications. The diagnoses included a history of right shoulder arthroscopic surgery in 2005, status post discectomy at L4-5 in 2009, chronic left shoulder pain, chronic neck pain, erectile dysfunction due to chronic pain, depression secondary to chronic pain, and history of right-sided brain injury at the age of 19. Medications reported for the injured worker included cymbalta, intermezzo, nuvigil, diazepam, deplin, percocet, adderall, viagra, valium, prilosec, attarax, celebrex, and keppra. The request for authorization form for medical treatment for the Adderall, Viagra, and Atarax was dated 02/07/2014; however, the provider's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDERALL XR 30MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601234.html> s/.

Decision rationale: According to the National Institute of Health (NIH), Adderall is a combination drug containing dextroamphetamine and amphetamine. The combination of dextroamphetamine and amphetamine can be habit-forming. The NIH indicates, "Do not take a larger dose, take the medication more often, or take it for a longer time than prescribed by your doctor." The combination of dextroamphetamine and amphetamine is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder and also used to treat narcolepsy; however, it should not be used to treat excessive tiredness that is not caused by narcolepsy. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of documentation regarding a diagnosis of Attention Deficit Hyperactivity Disorder or narcolepsy for the injured worker. The National Institute of Health notes that this medication should not be used to treat excessive tiredness not caused by narcolepsy and the documentation noted the injured worker has been found to have sleep apnea but is not utilizing a continuous positive air pressure (CPAP) machine. There is a lack of documentation regarding drug screens for the injured worker, although the provider noted the injured worker was compliant with his medications. In addition, the request did not include frequency information for the medication. Therefore, the request for Adderall XR 30 mg #90 is not medically necessary.

VIAGRA 100MG #36: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: According to the National Institute of Health (NIH), sildenafil (Viagra) is used to treat erectile dysfunction in men and is used to improve the ability to exercise in adults with pulmonary arterial hypertension. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats pulmonary arterial hypertension by relaxing the blood vessels in the lungs to allow blood to flow easily. There is a lack of documentation regarding the utilization of this medication and the efficacy of the medication. There is a lack of clinical findings to suggest the

injured worker's erectile dysfunction is related to chronic pain. In addition, the request did not include frequency information for the medication. Therefore, the request for Viagra 100 mg #36 is not medically necessary.

ATARAX 10MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=7eaf5043-5c73-47af-904b-8e1fae02af2e>.

Decision rationale: According to the National Institute of Health (NIH), Atarax is not a cortical depressant, but its action may be due to a suppression of activity in certain key regions of the subcortical area of the central nervous system. Primary skeletal muscle relaxation has been demonstrated experimentally. For symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. It is useful in the management of pruritus, due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus. The effectiveness of Hydroxyzine as an antianxiety agent for long term use, greater than four (4) months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. The potentiating action of Hydroxyzine must be considered when the drug is used in conjunction with central nervous system depressants such as narcotics, non-narcotic analgesics and barbiturates. Therefore, when central nervous system depressants are administered concomitantly with Hydroxyzine their dosage should be reduced. The documentation provided indicated the injured worker was utilizing narcotic medications; however, there is a lack of documentation regarding any adverse effects related to the use of this medication with the narcotic. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. There is a lack of documentation regarding the time frame the injured worker has been utilizing this medication. The National Institute of Health does not recommend this medication for longer than four (4) months without an assessment; however, there is a lack of documentation regarding an assessment of this medication and any side effects or the efficacy of the medication. There is a lack of documentation regarding drug screens for the injured worker although the provider noted the injured worker was compliant with his medications. In addition, the request did not include frequency information for the medication. Therefore, the request for Atarax 10 mg #180 is not medically necessary.