

Case Number:	CM14-0089825		
Date Assigned:	07/23/2014	Date of Injury:	03/07/2001
Decision Date:	09/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old male who reported an injury to his neck, back, and both shoulders. The utilization review dated 06/03/14 resulted in non-certifications for the use of Viagra and Quetiapine. Insufficient information had been submitted confirming the medical need for these medications as no clinical information had been submitted confirming the need. The clinical note dated 02/28/14 indicates the injured worker having been prescribed the use of Percocet, Neurontin, and Baclofen. The injured worker continued with complaints of neck, low back, and bilateral shoulder pain with no significant changes. The clinical note dated 03/06/14 indicates the injured worker complaining of an increase in left shoulder pain. Range of motion deficits were identified throughout the left shoulder to include 90 degrees of flexion, 15 degrees of extension, 90 degrees of abduction, 30 degrees of external rotation and 50 degrees of internal rotation. The clinical note dated 03/24/14 indicates the injured worker complaining of ongoing postoperative pain. There is an indication the injured worker has signs of depression. This was being addressed with the use of medications. The clinical note dated 04/21/14 indicates the injured worker complaining of 7-8/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50 mg 1 tab prn #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids Page(s): 110.

Decision rationale: 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 (selective serotonin reuptake inhibitors, 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 100mg is not medically necessary at this time.

Quetiapine 100mg XR 2 tab tid #200 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Other Medical Treatment Guideline or Medical Evidence: 1.) "Quetiapine Fumarate tablet Quetiapine Fumarate (quetiapine fumarate) tablet [Ascend Laboratories, LLC]". DailyMed. Ascend Laboratories, LLC. October 2013. Retrieved 26 November 2013.2.) "quetiapine-fumarate". The American Society of Health-System Pharmacists. Retrieved 3 April 2011.

Decision rationale: The use of Quetiapine is approved for the treatment of schizophrenia, bipolar disorder, and along with an antidepressant to treat major depressive disorder. No information was submitted confirming a diagnosis substantiating the medical need for this medication. Without supporting data in place, this request is not indicated as medically necessary.