

Case Number:	CM13-0040577		
Date Assigned:	03/28/2014	Date of Injury:	04/01/1982
Decision Date:	04/10/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 4/1/1982. The current diagnoses are insomnia, erectile dysfunction, chronic pain syndrome, and bilateral knee pain. Currently, the injured worker complains of right knee, bilateral shoulder, hip, and ankle pain. Current medications are Celebrex, Vicodin, Cialis, and Lunesta. The physical examination reveals diffuse tenderness over the thoracic and lumbar spine with some paravertebral muscle spasms and tenderness. There is full active and passive range of motion in bilateral shoulders, associated with some pain. There is stiffness in the hips and back, with limited straight leg raise due to tightness and back pain. The treating physician is requesting Cialis 20mg and Lunesta 3mg, which is now under review. On 10/14/2013, Utilization Review had non-certified a request for Cialis 20mg and Lunesta 3mg. The Lunesta is modified to a one month supply. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the Physician Desk Reference, the requested medication is indicated in the treatment of erectile dysfunction and benign prostatic hypertrophy. The patient does not have an injury that addresses these diagnoses or causes these conditions. Therefore the request is not certified.

Lunesta 3mg: 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), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not certified.