MAXIMUS Federal Services

Case Number:	CM15-0000952		
Date Assigned:	01/12/2015	Date of Injury:	04/30/1998
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who reported an injury on 06/11/1997, the mechanism of injury was not provided. The clinical note dated 01/11/2014 revealed that the injured worker was having ongoing pain in the cervical spine, shoulders and elbows. Upon examination of the cervical spine, there was 40 degrees of flexion, 45 degrees of extension, 35 degrees of lateral flexion, 40 degrees of left lateral flexion, and 60 degrees of bilateral rotation. There was pain and tightness without range of motion. There was negative Spurling's test bilateral. The treatment plan included monthly psychotropic medication management and approval, Ativan, Restoril, Viagra, and Cymbalta. Medications included Norco, Ultram, Anaprox, and Protonix. Diagnoses were bicipital tendinitis, rotator cuff tear, status post arthroscopy of the shoulder, rotator cuff repair, status post ligament release of the shoulder and epicondylitis of the elbow. The injured worker was noted to have major depressive disorder. Other therapies included medications. The provider recommended monthly psychotropic medication management, Ativan 0.5 mg, Restoril 30 mg, Viagra 100 mg, and Cymbalta 60 mg. There was no rationale provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval x6: 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) Cognitive Behavioral TherapyODG- Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for Monthly psychotropic medication management and approval x6 is not medically necessary. The California MTUS Guidelines state that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated accordingly to the best medical practices. The injured worker is noted to be stable on his current medication regimen. There is no rationale given for the necessity of a monthly medication management evaluation. As such, medical necessity has not been established.

Ativan 0.5mg #60: Upheld

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

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

Decision rationale: The request for Ativan 0.5 mg #60 is not medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The guidelines limit the use to 4 weeks. No information on treatment history and length of time the injured worker has been prescribed this medication. The efficacy of the prior use of the medication was not submitted for review. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: The request for Restoril 30mg #30 is not medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The guidelines limit the use to 4 weeks. No information on treatment history and length of time the injured worker has been prescribed this medication. The efficacy of the

prior use of the medication was not submitted for review. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Viagra 100mg #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/punmedhealth/PMH0001046/Sildenafil(Viagra)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone replacement for hypogonadism.

Decision rationale: The request for Viagra 100 mg #3 is not medically necessary. The Official Disability Guidelines state that the etiology of decreased sexual dysfunction, symptom of hypogonadism is compounded by several factors including chronic pain, natural occurrence of decreased testosterone that occurs with aging, documented side effects of decreased sexual dysfunction that is common with other medication use to treating comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. Physical examination of the injured worker was not provided detailing current deficits of erectile dysfunction to warrant Viagra. The injured worker has been prescribed this medication previously however the efficacy of the medication was not provided to support continued use. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.