MAXIMUS Federal Services

Case Number:	CM15-0103162		
Date Assigned:	06/08/2015	Date of Injury:	05/07/2010
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic pain syndrome and depression reportedly associated with an industrial injury of May 7, 2010. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve requests for Paxil and Cialis. Overall rationale was sparse, although the claims administrator did contend that its denials are based on medical necessity grounds as opposed to on causation/compensability grounds. The claims administrator did not seemingly invoke any guidelines in its determination, however. A RFA form of May 15, 2015 and associated progress notes of March 6, 2015 and February 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing issues with hypertension. The applicant's blood pressure was elevated at 163/82. The applicant was asked to continue Zestril and hydrochlorothiazide. The applicant was returned to regular duty work. There was no mention of the applicant's having issues with either depression or erectile dysfunction on this date. On March 6, 2015, the applicant presented to follow up on known issues with blood pressure. The applicant's blood pressure was 144/82, it was reported. Zestoretic was endorsed. The applicant was returned to regular duty work. Once again, there was no mention of the applicant having issues with either depression or erectile dysfunction. The claims administrator's medical evidence log suggested that the February 6, 2015 and March 6, 2015 progress notes referenced represent the only notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation http://www.auanet.org/ education/guidelines/erectile-dysfunction.cfm THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005) CHAPTER 1: AUA GUIDELINE ON THE MANAGEMENT OF ERECTILE DYSFUNCTION: DIAGNOSIS AND TREATMENT.

Decision rationale: No, the request for Cialis, a 5 phosphodiesterase inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. While the American Urologic Association (AUA) notes that oral 5 phosphodiesterase inhibitors such as Cialis do represent the first line of therapy for erectile dysfunction, here, however, there was no explicit mention of the applicant's having issues with erectile dysfunction on progress notes of February 6, 2015 and March 6, 2015, referenced above. The sole stated diagnosis on the February 6, 2015 and March 6, 2015 progress notes was hypertension. The progress notes on file did not contain any rationale as to why Cialis had been selected here. Therefore, the request was not medically necessary.

Paroretine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for paroxetine (Paxil), a SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as paroxetine (Paxil) may be helpful in alleviating symptoms of depression, here, however, there was no mention of the applicant's having issues with depression on progress notes of February 6, 2015 and March 6, 2015, referenced above. The progress notes provided did not contain a clear, compelling, or cogent rationale for usage of paroxetine (Paxil). Indeed, there was no mention of the applicant's using Paxil on these dates. Therefore, the request was not medically necessary.