MAXIMUS Federal Services

Case Number:	CM15-0139483		
Date Assigned:	07/29/2015	Date of Injury:	09/20/2012
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: Arizona, Michigan
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 injured worker is a 55 year old male who sustained an industrial injury on 09/20/2012. According to the most recent progress report submitted by the requesting provider and dated 04/01/2015, the provider noted that the injured worker was unchanged. He was depressed and cried. He slept 6-8 hours per night. The provider noted that the injured worker had been taking medications for more than a year. Functional benefit with medication management included better capability to execute functions of daily living. He was taking medications on a month to month basis in coordination to a once a month consultation and it was essential that medications continue as prescribed to prevent regression. Diagnoses included major depressive disorder single episode moderate, somatic symptom disorder with predominant pain, male hypoactive sexual desire disorder due to pain and psychological factors affecting medical condition. The treatment plan included Cymbalta 60 mg #45 for depression, Restoril 15 mg 1 every bedtime #45 for insomnia, Viagra 100 mg 1 every day as needed #3 for sexual dysfunction and Ativan 0.5 mg 1 every morning and 1 at 1:00 p.m. #90 for anxiety. The injured worker was temporarily totally disabled. Currently under review is the request for Cymbalta 60 mg #45, Restoril 15 mg #45, Viagra 100 mg #3 and Ativan 0.5 mg #90. On 01/21/2015, the injured worker reported that he had a hives-reaction to Ativan. Psychiatry notes submitted for review dates back to 01/21/2015 and shows use of Cymbalta, Restoril, Viagra and Ativan at that time. Currently under review is the request for Cymbalta 60 mg #45, Restoril 15 mg #45, Viagra 100 mg #3 and Ativan 0.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-depressants, Cymbalta (Duloxetine) Page(s): 9, 13-16.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the California MTUS Guidelines, anti-depressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Guidelines state that assessment of treatment efficacy should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy and fibromyalgia. In this case, the injured worker was taking Cymbalta for depression. The requesting provider noted in the most recent psychiatry progress report that the injured worker was depressed and cried. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Restoril 15mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter-Insomnia treatment and Other Medical Treatment Guidelines www.pdr.net Restoril (temazepam).

Decision rationale: CA MTUS Guidelines do not address Restoril. CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Literature states that Restoril (temazepam) is a benzodiazepine indicated for short-term treatment of insomnia (7-10 days). ODG

recommends that treatment of insomnia be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed and include sleep onset, sleep maintenance, sleep quality and next-day functioning. In this case, documentation shows long-term use of Restoril which is not recommended. There was no discussion regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Viagra 100mg #3: 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 Physician Desk Reference (PDR.net) / Viagra.

Decision rationale: The MTUS / ACOEM and the ODG did not address the use of Viagra therefore, other guidelines were consulted. Per the PDR, Viagra is a Phosphodiesterase 5 (PDE5) inhibitor used in the treatment of erectile dysfunction (ED). However a review of the injured workers medical records that are available to me do not reveal any subjective or objective findings of ED, neither is there any documentation of any benefit or improvement in function with the use of Viagra, without this information medical necessity is not established, therefore the request for Viagra is not medically necessary.

Ativan 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Benzodiazepines Page(s): 9, 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and

long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, documentation shows long term use of Ativan which is not recommended by guidelines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.