MAXIMUS Federal Services

Case Number:	CM15-0165229		
Date Assigned:	09/02/2015	Date of Injury:	12/05/2012
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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, California
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 43 year old male, who sustained an industrial injury on 12-5-12. He reported pain in the pelvis and left lower extremity. The injured worker was diagnosed as having a complex pelvic fracture with perianal laceration resulting in diverting colostomy, status post left femoral rodding, status post sacral fracture open reduction internal fixation, status post left leg emergency revascularization with prophylactic bilateral fasciotomies, status post skin graft procedures and debridement, secondary right sacroiliac dysfunction and pain, residual painful gait, erectile dysfunction, urinary voiding difficulty, and posttraumatic depressive symptoms. Treatment to date has included multiple surgeries, rehabilitation, and medication. The injured worker had been taking Cialis and Ambien since at least 2-23-15. A physician's report dated 2-17-15 noted sleep disorder. Currently, the injured worker complains of erectile dysfunction. The treating physician requested authorization for Cialis 5-6mg #30 with 5 refills and Ambien 10mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5-6mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, however, the indication for erectile dysfunction management is due to a pelvic injury. The claimant has voiding and erctile dysfunction. The request for Cialis is appropriate; however, the quantity prescribed implies the claimant is having daily sex and needs it for 5 months. There is no evidence of such activity and as a result, the request is not medically necessary.

Ambien 10mg #30 with 5 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, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Long term use is not indicated Continued use of Zolpidem (Ambien) wirth 5 refillls is not medically necessary.