

Case Number:	CM15-0181761		
Date Assigned:	09/23/2015	Date of Injury:	06/19/2013
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 6-19-13. The documentation on 7-17-15 noted that the injured workers anxiety, tension and irritability are reduced and that his symptoms are reduced. The injured worker exhibits a less tense and dysphoric mood and there is occasional smiling, no laughing or weeping. The injured workers thought content is less tense and dysphoric, consistent with the mood and circumstances. The diagnoses have included post-traumatic stress disorder; panic disorder and agoraphobia and depressive disorder, not otherwise specified. Treatment to date has included prozac; ativan; lunesta and psychiatric treatment. The original utilization review (8-18-15) modified the request for ativan 1mg, #60 to ativan 1mg, #30 to allow for safe tapering. The request for lunesta 3mg, #30 was modified to lunesta 3mg #15 to allow for safe tapering and the request for cialis 5mg, #30 was denied for not being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The current request is for Ativan 1MG, #60. Treatment history includes psychiatric treatment, medications, physical therapy, and work modifications. The patient is not working. MTUS Guidelines, Benzodiazepines section, page 24 states: "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." The patient presents with face, head, neck and jaw injury from 06/19/13. The patient has also developed pain in the lower back. Per report 07/17/15, the patient complains of depression, anxiety, tension and irritability. The patient also reported erectile dysfunction. The diagnoses have included post-traumatic stress disorder; panic disorder and agoraphobia and depressive disorder, not otherwise specified. Medications include tramadol, Tizanidine, TGHot topical, Ativan, Lunesta and Cialis. The patient has been prescribed Ativan since at least 07/17/15. MTUS guidelines do not support the use of this class of medication for long term use due to risk of dependence and loss of efficacy over time. While this patient presents with chronic pain and psychological complaints, the requested 60 tablets in addition to prior use exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.

Lunesta 3mg, #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The current request is for Lunesta 3MG, #30. Treatment history includes psychiatric treatment, medications, physical therapy, and work modifications. The patient is not working. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." ODG pain chapter, for Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use." The patient presents with face, head, neck and jaw injury from 06/19/13. The patient has also developed pain in the lower back. Per report 07/17/15, the patient complains of depression, anxiety, tension and irritability. The patient also reported erectile dysfunction. The diagnoses have included post-traumatic stress disorder; panic

disorder and agoraphobia and depressive disorder, not otherwise specified. Medications include tramadol, Tizanidine, TGHot topical, Ativan, Lunesta and Cialis. The patient has been prescribed Lunesta since at least 07/17/15. While MTUS does not discuss this particular medication, ODG only supports short-term use only. The request for 30 tablets in addition to prior use does not imply the intent for short term use. Therefore, the request is not medically necessary.

Cialis 5mg, #30: 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 AETNA Guidelines Clinical Polity Bulletin No. 0007.

Decision rationale: The current request is for Cialis 5MG, #30. Treatment history includes psychiatric treatment, medications, physical therapy, and work modifications. The patient is not working. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. Aetna Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. The patient presents with face, head, neck and jaw injury from 06/19/13. The patient has also developed pain in the lower back. Per report 07/17/15, the patient complains of depression, anxiety, tension and irritability. The patient also reported erectile dysfunction. The diagnoses have included post-traumatic stress disorder; panic disorder and agoraphobia and depressive disorder, not otherwise specified. Medications include tramadol, Tizanidine, TGHot topical, Ativan, Lunesta and Cialis. Although the patient reported erectile dysfunction, there is no medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels. Furthermore, some guidelines such as the Aetna consider life-enhancing medications not medically necessary. Therefore, the requested Cialis is not medically necessary.