MAXIMUS Federal Services

Case Number:	CM15-0182622		
Date Assigned:	10/14/2015	Date of Injury:	09/16/2013
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 52 year old male, who sustained an industrial injury on 9/16/2013. The injured worker is undergoing treatment for: neck, bilateral shoulders, bilateral wrists, and elbows, upper and lower back and chest pain, depression, neurocognitive disorder post traumatic brain injury, and post-traumatic stress disorder. On 6-30-15, he reported pain to the neck, upper and lower back. He also reported pain to the left jaw, both shoulder, left hip, both elbows, both wrists. He is reported to be seeing a psychiatrist. Physical findings revealed him utilizing a rolling walker, decreased back range of motion, decreased neck range of motion, tenderness in the left lower abdominal quadrant, tenderness in the neck and thoracic and lumbar back. On 8- 17-15, he reported having had a total hip replacement, splenectomy, and metal plates implanted as a result of multiple rib fractures. He current reported psychiatric symptoms of depression and post-traumatic stress. He indicated since switching to Bupropion he was having less impaired sexual function and he indicated improved post-traumatic stress disorder symptoms. He reported having less distress and intrusive memories. The provider noted that he had reported having issues with loud snoring and interrupted breathing while asleep. Objective findings revealed no abnormal motor movements, mood is reported as mildly depressed, affect is mood congruent, continued thought content intrusive memories of accident, cognition mildly impaired attention, concentration and short term memory. His severity of depression is rated 6 out of 10 on an analogue scale. The treatment and diagnostic testing to date has included: multiple psychiatric sessions, medications, CT scan of head (9-17-13). There is notation of neuropsychological testing completed in 2013 and 2014 confirming cognitive deficits attributed to traumatic brain

injury. Medications have included: Bupropion, Lunesta, Viagra, Norco, and Tramadol. The records indicate he has been utilizing Lunesta, Bupropion, and Viagra since at least 6-9-15, possibly longer. Current work status: off work. The request for authorization is for: Viagra 100mg quantity 10 with 3 refills; 6 psychiatric sessions, Bupropion SR 150mg quantity 30 with 2 refills, Lunesta 3mg quantity 30 with 2 refills. The UR dated 9-1-2015: modified certification of Viagra 100mg quantity 10 with zero refills; non-certified 6 psychiatric sessions; modified Bupropion SR 150mg quantity 30 with zero refills; modified certification of Lunesta 3mg quantity 30 with zero refills. Conditionally non-certified unknown sessions of psychotherapy, and one polysomnography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg quantity 10 with three refills: 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 Medscape Internal Medicine (2014).

Decision rationale: Sildenafil (Viagra) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), an enzyme that promotes degradation of cGMP, which regulates blood flow in the penis. In this case, the documentation suggests that the patient had erectile dysfunction on the basis of his current medical therapy. It was noted, however, that there was less impairment in sexual functioning since switching to Bupropion. The Bupropion was found to medically necessary. The medical necessity for the requested Viagra with 3 refills has not been established. The requested medication is not medically necessary.

6 psychiatric sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested six (6) Psychiatric sessions. There is limited evidence of any current significant psychological complaints aggravated by the current injury that causes functional limitations and deficits. There is also no documentation that diagnostic and therapeutic management have been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Bupropion SR 150mg quantity 30 with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bupropion (Wellbutrin), Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor), is recommended as a first-line treatment option for major depressive disorder (MDD). It has also been shown to be effective in relieving neuropathic pain of different etiologies. While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. A recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. In this case, the patient has diagnoses of chronic post-traumatic stress disorder (PTSD) and an unspecified depressive disorder. This patient has noted an improvement in depressive symptoms secondary to Bupropion. Medical necessity of the requested medication has been established. The requested medication is medically necessary.

Lunesta 3mg quantity 30 with two 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, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

Decision rationale: Eszopicolone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the ODG guidelines, Non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Lunesta has demonstrated reduced sleep latency and sleep maintenance. It is recommended for short-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Lunesta is a hypnotic and should not be used on a daily basis. In this case, medical necessity for the requested Lunesta with 2 refills has not been established. The requested medication is not medically necessary.