

<b>Case Number:</b>	CM15-0191235		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 39 year old male, who sustained an industrial injury on 11-24-2009. He reported psychological symptoms including panic attacks, neck pain, diaphoresis, anxiety, stress, hypertension and a fast hear rate secondary to verbal harassment. Diagnoses include major depressive disorder, recurrent with atypical features, panic disorder, agoraphobia, and chronic post-traumatic disorder. Treatments to date include activity modification, medication therapy, and psychology treatment including cognitive behavioral therapy sessions. Currently, he reported some improvement with the use of Fetzima 40mg for the last month, however, complaints of anxiety still persist. There was report of anxiety attacks when sex is initiated. The records indicated Alprazolam had been prescribed at the same dose for greater than six months with good effect. On 7-17-15, the provider documented the addition of Viagra as needed for sexual dysfunction secondary to the psychiatric medications. On 8-25-15, there were continued complaints of anxiety in social situations with panic attacks once or twice a day with sweats. The physical examination documented his mood was depressed and anxious. The plan of care included continued medication management as previously prescribed. The appeal requested authorization for Alprazolam 1mg #270 and Viagra 50mg #40. The Utilization Review dated 9-4-15, denied the request for Viagra and modified the request to allow Alprazolam 1mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #270:** Upheld

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

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

**Decision rationale:** Per the guidelines, benzodiazepenes 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. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to alprazolam to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity. Therefore, the request is not medically necessary.

**Viagra 50mg #40:** 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 American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

**Decision rationale:** This injured worker has a diagnosis of “sexual dysfunction” secondary to medication use. Viagra is a phosphodiesterase Type 5 inhibitor and is a first line treatment for erectile dysfunction. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Viagra is medically indicated in erectile dysfunction, this worker has ED related to the side effects of other medications. The risks and benefits and side effects were not documented as discussed with the worker. The records do not support the medical necessity of Viagra. Therefore, the request is not medically necessary.