

Case Number:	CM15-0191391		
Date Assigned:	10/05/2015	Date of Injury:	12/30/2013
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	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: Texas, Illinois

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 44 year old male who sustained an industrial injury 12-30-13. A review of the medical records reveals the injured worker is undergoing treatment for phantom pain and low back pain, depression, opioid dependency, panic attack disorder, lumbagia, and status post right upper arm trauma and fright trans humeral amputation. Medical records (09-17-15) reveal the injured worker complains of phantom pain rated at 6/10 and back pain rated at 2/10. The physical exam (09-17-15) reveals the right arm stump is cold to the touch with minimal tenderness to palpation. Mild midline lumbar tenderness to palpation is noted. Facet loading is positive bilaterally for midline pain. Prior treatment includes amputation, debridement, medications, psychotherapy, physical therapy, and hand therapy. The original utilization review (09-21-15) non certified the request of Adderall XL 10 mg #30, Clonazepam 0.5mg #90, and Cialis 20mg #30. The documentation supports that the injured worker has been on Adderall and Clonazepam since at least 03-17-15 and Cialis since at least 03/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall XL (extended release) 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/17285103.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, amphetamine/dextroamphetamine (Rx) Adderall XR, Adderall, <http://reference.medscape.com/drug/adderall-amphetamine-dextroamphetamine-342997#10>.

Decision rationale: The injured worker sustained a work related injury on 12-30-13. The medical records provided indicate the diagnosis of phantom pain and low back pain, depression, opioid dependency, panic attack disorder, lumbagia, and status post right upper arm trauma and fright trans humeral amputation. Treatments have included amputation, debridement, medications, psychotherapy, physical therapy, and hand therapy. The medical records provided for review do not indicate a medical necessity for Adderall XL (extended release) 10mg, #30. Adderall (Amphetamine/dextroamphetamine) is a psycho-stimulant. The MTUS and Official Disability Guidelines are silent on it, but Medscape states that it is used in the treatment of attention deficit Disorder (ADDH) and the sleep disorder, Narcolepsy. It is not used in the treatment of any of the injured workers listed disorders. The request is not medically necessary.

Clonazepam 0.5mg, #90: 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 based on Non-MTUS Citation Medscape, Panic Disorder Treatment & Management, <http://emedicine.medscape.com/article/287913-treatment>.

Decision rationale: The injured worker sustained a work related injury on 12-30-13. The medical records provided indicate the diagnosis of phantom pain and low back pain, depression, opioid dependency, panic attack disorder, lumbagia, and status post right upper arm trauma and fright trans humeral amputation. Treatments have included amputation, debridement, medications, psychotherapy, physical therapy, and hand therapy. The medical records provided for review do not indicate a medical necessity for Clonazepam 0.5mg, #90. Clonazepam is a benzodiazepine sedative hypnotic, like all Benzodiazepines, the MTUS recommends against the use of this group of medications for longer than 4 weeks, but the records indicate the injured worker has been using it at least since 03/2015. Although the injured worker suffers from panic attacks, one of the indications for the use of benzodiazepines, Medscape emphasis that such use is only temporary, and for emergency purposes. The request is not medically necessary.

Cialis 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15306109.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Erectile Dysfunction, <http://emedicine.medscape.com/article/444220-overview>.

Decision rationale: The injured worker sustained a work related injury on 12-30-13. The medical records provided indicate the diagnosis of phantom pain and low back pain, depression, opioid dependency, panic attack disorder, lumbagia, and status post right upper arm trauma and fright trans humeral amputation. Treatments have included amputation, debridement, medications, psychotherapy, physical therapy, and hand therapy. The medical records provided for review do not indicate a medical necessity for Cialis 20mg, #30. The MTUS is silent on Cialis, but Medscape describes it Tadalafil an oral phosphodiesterase type 5 (PDE5) inhibitors used in the treatment of erectile dysfunction. The medical records indicate erectile dysfunction is not one of the listed diagnosis in this injured worker. Besides, Medscape states that the first step in the management of Erectile Dysfunction is a thorough history that includes the following: Sexual history; Medical history; Psychosocial history. The above requested treatment is not medically necessary.