

Case Number:	CM15-0204423		
Date Assigned:	10/21/2015	Date of Injury:	01/28/1997
Decision Date:	12/02/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 53 year old male, who sustained an industrial injury on 1-28-1997. Diagnoses include low back pain, lumbar facet arthropathy, myofascial pain, radiculopathy, erectile dysfunction secondary to pain, anxiety and depression. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections, and epidural steroid injections, and insertion of an intrathecal pain pump. On 9-14-15, he complained of ongoing low back pain with radiation down the left leg. Pain was rated 6 out of 10 VAS with 80% pain relief noted with medication. Medications included Morphine 15mg three times daily, Neurontin 300mg four times daily, Paxil 40mg, Viagra as needed, and Hydromorphone via intrathecal pump, prescribed since at least 5-11-15. The physical examination documented no acute physical findings. The provider documented a prior request for a urine toxicology evaluation was denied and therefore not completed. The plan of care included ongoing medication management. The appeal requested authorization for Viagra 100mg tablets, Paxil, and Paroxetine. The Utilization Review dated 10-13-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com - Sildenafil (Viagra).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: MTUS Guidelines are silent on this issue. Other Guidelines support causal relationship between many medications that this individual is utilizing and a potential relationship with chronic pain (psycho-social stress). There are no side effects or reported problems with its use and no obvious organic problems causing the ED. Under these circumstances, use of Viagra is supported by standards of practice and specialty Guidelines. The Viagra is medically necessary.

Paxil: 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 & Stress - Paroxedine (Paxil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/antidepressants.

Decision rationale: MTUS Guidelines support the use of antidepressants for chronic pain and/or psychological issues associated with chronic pain. It is well documented that the Paxil-Paroxetine HCL (they are the same drug) is well tolerated and beneficial for this individual. Updated medical documentation states that he is doing well with his depression and continues on the Paxil-Paroxetine HCL. Under these circumstances, the Paxil-Paroxetine HCL is supported by Guidelines and is medically necessary.

Paroxetine HCL (hydrochloride): 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 & Stress - Paroxetine (Paxil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/antidepressants.

Decision rationale: MTUS Guidelines support the use of antidepressants for chronic pain and/or psychological issues associated with chronic pain. It is well documented that the Paxil-Paroxetine HCL (they are the same drug) is well tolerated and beneficial for this individual. Updated medical documentation states that he is doing well with his depression and continues on the Paxil-Paroxetine HCL. Under these circumstances, the Paxil-Paroxetine HCL is supported by Guidelines and is medically necessary.