

Case Number:	CM15-0218806		
Date Assigned:	11/10/2015	Date of Injury:	09/16/2013
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 9-16-13. The injured worker was diagnosed as having posttraumatic stress disorder; mild neurocognitive disorder; status post multiple trauma; traumatic hemoperitoneum; splenic rupture; diaphragmatic rupture; bilateral hemothorax; status post cardiac arrest; status post coagulopathy; contusion to pancreas; dysphagia secondary to tracheotomy; posttraumatic headaches; chronic chest wall pain; chronic abdominal pain. Treatment to date has included psychiatric therapy; medications. Currently, the PR-2 notes dated 9-28-15, the provider documents the injured worker is able to do well as long as he is able to get his medications refilled on a timely basis. He was involved in an industrial injury when "hit by an 18-wheeler from the side of his car" causing multiple trauma to the injured worker. He continues with psychiatric symptoms including posttraumatic stress disorder and depression. He continues to complain of persistent physical complaints as well to pain in ribs, hip and left shoulder. The provider notes "symptoms of loud snoring and interrupted breathing which raise the likelihood of diagnosis of obstructive sleep apnea, for which a polysomnography will be considered". A Request for Authorization is dated 10-25-15. A Utilization Review letter is dated 10-15-15 and Non-Certified One polysomnography. Utilization Review Modified the Certification for Viagra 100mg #10 with 3 refills to allow #10 only with no refills. A request for authorization has been received for Viagra 100mg #10 with 3 refills 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 #10 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heart Failure Society of America, Lindenfeld J, et al. Non-pharmacologic management and health care maintenance in patients with chronic heart failure: HFSA 2010 comprehensive heart failure practice guideline. J Card Fail. 2010 Jun; (6):e61-72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, viagra.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction. The patient does not have these diagnoses due to industrial incident. Therefore the request is not medically necessary.

One polysomnography: 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), Mental Illness & Stress.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that polysomnography is indicated if there is documented 6 months of sleep complaints with failure of behavioral modification. The provided documentation for review does not meet these criteria and therefore the request is not medically necessary.