

Case Number:	CM15-0044201		
Date Assigned:	03/16/2015	Date of Injury:	07/21/2007
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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, Florida, 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 60 year old male, who sustained an industrial injury on July 21, 2007. He reported vocational distress. The injured worker was diagnosed as having depressive disorder, hypertension, incontinence and erectile dysfunction related to prostate cancer and pain disorder. Treatment to date has included mental status examination, psychological testing and medications. Currently, the injured worker reported having trouble getting his blood pressure medicines. His blood pressure was 140/100. He reported more urge incontinence. He noted that standing up and driving are his main issues. His erectile dysfunction appears to be managed with penile injections. He complained of ongoing orthopedic issues. He continues with his stress management. The treatment plan included individual therapy, biofeedback, cognitive behavioral psychotherapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg pm #20: 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), Diabetes Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Sildenafil and its analogues.

Decision rationale: Cialis is an oral therapy for erectile dysfunction. It is a selective inhibitor of cyclic guanosine monophosphate-specific phosphodiesterase type 5. The medicine releases nitric oxide in the corpus cavernosum during sexual intercourse. Workers with traumatic brain injury or significant back injuries have been known to have impotence. In addition, workers with accepted psychological injuries have been found to suffer from sexual dysfunction and may benefit from the medicine. Further, the worker must be screened for contraindications to using this medicine. It is important for the treating physician to review the contraindications to its use, because the potential outcome from the use is death. Those individuals who have died while using such medicines are being reviewed by Pfizer and the Food and Drug Administration. Without evidence the claimant has a condition where Cialis would aid the effects of the injury, and documentation of screening for the serious contraindications for the medicine, the request is appropriately non certified.

Cialis 5mg one (1) QD #90: 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), Diabetes Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Sildenafil and its analogues.

Decision rationale: This again is an oral therapy for erectile dysfunction. It is a selective inhibitor of cyclic guanosine monophosphate-specific phosphodiesterase type 5. The medicine releases nitric oxide in the corpus cavernosum during sexual intercourse. Workers with traumatic brain injury or significant back injuries have been known to have impotence. In addition, workers with accepted psychological injuries have been found to suffer from sexual dysfunction and may benefit from the medicine. Further, the worker must be screened for contraindications to using this medicine. It is important for the treating physician to review the contraindications to its use, because the potential outcome from the use is death. Those individuals who have died while using such medicines are being reviewed by Pfizer and the Food and Drug Administration. Without evidence the claimant has a condition where Cialis would aid the effects of the injury, and documentation of screening for the serious contraindications for the medicine, the request is appropriately non certified.

Cymbalta 30mg one (1) QD #90: 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 Procedure Summary.

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately non-certified.

Trazodone 150mg one (1) QD #90: 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 Procedure Summary.

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

Decision rationale: Again, the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately non-certified.