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| Case Number: | CM15-0052445 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 02/08/1995 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 2/8/1995. The current diagnoses are worsening adjustment disorder with mixed anxiety and depressed mood, chronic back pain, erectile dysfunction, and severe psychosocial and environmental stressors including chronic pain, incapacitation, and financial. According to the progress report dated 1/27/2015, both depression and anxiety continue to be a problem for him. The current medications are Acetaminophen/Butalbital/Caffeine, Omeprazole, Tizanidine, Neurontin, Wellbutrin, BuSpar, and Viagra. Treatment to date has included medication management and psychiatry evaluation and treatment. The plan of care includes Viagra and Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 tablets of Viagra: Overturned

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
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012114/>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of Viagra. Per the US National Library of Medicine, Sildenafil (Viagra) is used to treat men who have erectile dysfunction. Sildenafil belongs to a group of medicines called phosphodiesterase 5 (PDE5) inhibitors. These medicines prevent an enzyme called phosphodiesterase type-5 from working too quickly. The penis is one of the areas where this enzyme works. Per progress report dated 2/5/15, it was noted that the injured worker continued to have erectile dysfunction and neurogenic bladder, significant amount of depression and dental issues secondary to medication. I respectfully disagree with the UR physician's denial based upon a lack of documented efficacy. There are no guidelines which mandate this documentation to necessitate use. It was documented that the injured worker has been using this medication since 9/2014, three tablets per month. Per progress report dated 11/7/14, the injured worker stated that Viagra was helping. The request is medically necessary.

30 tablets of Bupropion HCL 100mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: ODG mental illness & stress Antidepressants for treatment of MDD. With regard to antidepressants for chronic pain, the MTUS states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." With regard to bupropion, it is "a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain." The documentation submitted for review did not contain findings consistent with neuropathic pain. However, it was noted per progress report dated 2/9/15 that the injured worker had been dealing with severe depression due to the lack of medication and had been having suicidal thoughts due to this. Per the ODG guidelines, 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. I respectfully disagree with the UR

physician's denial based upon the lack of neuropathic pain. The requested medication is indicated for the injured worker's depression. The request is medically necessary.