

<b>Case Number:</b>	CM15-0054666		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 61 year old male, who sustained an industrial injury on 4/22/2008. He reported containers of aluminum bars falling on his feet, fracturing his right foot. The injured worker was diagnosed as having depressive disorder, not otherwise specified, with anxiety. Treatment to date has included surgical interventions, physical therapy, diagnostics, and medications. Per the Qualified Medical Evaluation, dated 7/22/2014, the injured worker restarted medical treatment for his diabetes and hypertension. It was the opinion that the treatment that the injured worker was receiving for his hypertension, gastrointestinal complaints, and diabetes should proceed on an industrial basis. It was documented that the orthopedic injuries sustained resulted in weight gain, emotional stress, and medication side effects, which contributed to the onset of his diabetes, hypertension, and gastric issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100 g (Qty unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation\_ <http://www.ncbi.nlm.nih.gov/pubmed/11321851>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

**Decision rationale:** Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction. 2. No concurrent use of nitrates. 3. Any one of the following: a. Member is 55 years of age or older. b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease). c. Documentation of a normal testosterone level. d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product. e. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request). In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH. 2. Inadequate response or inability to tolerate an alpha blocker. Documentation in the patient's medical record fails to meet the above inclusion criteria. Viagra 100 g (Qty unspecified) is not medically necessary.

**Seroquel 25 mg (Qty unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anxiety medications in chronic pain.

**Decision rationale:** Seroquel has been prescribed as a sleep aid for this patient. The MTUS is silent, but the Official Disability Guidelines state that atypical antipsychotic such as Seroquel can sometimes be recommended as a second-line agent in the treatment of anxiety disorders, which sometimes produce poor sleep. There is no documentation that the patient carries a diagnosis of anxiety disorder. Other uses for Seroquel are for treating schizophrenia and bipolar disorder, neither of which the patient suffers from based on the medical record. Seroquel 25 mg (Qty unspecified) is not medically necessary.