

Case Number:	CM14-0147426		
Date Assigned:	09/15/2014	Date of Injury:	07/28/2009
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported injury on 07/28/2009; reportedly he was adjusting a part and felt a sharp pain in his lower back while working. The injured worker sustained injuries to his low back area and a strain. His treatment history included medications, psychological evaluations, surgery, Klonopin since 07/2009, physical therapy, MRI studies, and epidural steroid injections. The worker was evaluated on 07/28/2014. In this document the injured worker had missed previous appointments, ran out of medication, felt very depressed and anxious. He had been in a lot of pain and anxiety. The worker was working full time as an alcohol and drug counselor intern. He had occasional feelings of hopelessness about his future, reported low energy and concentration. He had psychomotor agitation at times. The injured worker is very stressed about gaining custody of his son. The injured worker had hypertension. Provider noted he advised him to change his antidepressant but he still does not want to change it at this time because it had been working for him better. Medications included Klonopin 0.5 mg, Pristiq 100 mg, Cialis 20 mg, and Trazodone 100 mg. Diagnoses included disc degeneration, lumbar radiculopathy, and depression. The injured worker Beck depression scale score was 35. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Klonopin 0.5 mg, # 15 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency, quantity and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Within the documentation submitted the injured worker has been on Klonopin since 07/2009. The guidelines do not recommend benzodiazepines for long term use. As such, the request for Klonopin 0.5 mg, #15 is not medically necessary.

Cialis 20mg, #10: Upheld

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 Testosterone Replacement for Hypogonadism (Related to Opioids) Sexual Dysfunction Page(s): 110-1.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The request for Cialis 20 mg, # 10 is not medically necessary. The California Medical Treatment Utilization Schedule (MUTUS Guidelines state that sexual dysfunction, current trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate no significant and inconstant effect of testosterone on erectile dysfunction, large effect on libido, and no significant effect on overall sexual satisfaction. The 1 study (sponsored by the drug company) that had evaluated with the use of testosterone replacement in patients with opiate-induced androgen deficiency, measured morning's serum-free testosterone levels and PSA prior to replacement. This study did not include patients taking antidepressants. Additionally, the injured worker does not maintain a diagnosis of erectile dysfunction. Clinical information in the medical records does not support the use of Cialis for this injured worker's psychiatric diagnosis. Additionally, there is no urological workup for erectile dysfunction in the medical records presented for review. Therefore, the request for Cialis 20 mg #10 is not medically necessary.

