

Case Number:	CM14-0041393		
Date Assigned:	06/27/2014	Date of Injury:	05/18/2010
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, depression, anxiety, and major depressive disorder reportedly associated with an industrial injury of May 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; and psychotropic medications. In a Utilization Review Report dated March 18, 2014, the claims administrator approved a request for Celexa, denied a request for Ativan, denied a request for Ambien, and denied a request for Cialis. The claims administrator did not incorporate cited MTUS or non-MTUS Guidelines into the rationale for any of the decisions. The applicant's attorney subsequently appealed. In an October 8, 2013 progress note, the applicant presented with issues including anxiety, tension, irritability, mood disturbance, depression, and crying episodes. The applicant denied suicidal ideations. The applicant did acknowledge that his energy level was low but stated that his memory and concentration was appropriate. The applicant stated that he had insomnia secondary to both pain and anxiety. The applicant denied overt panic attacks. Multiple psychotropic medications, including Celexa, Ativan, Ambien, and Cialis were endorsed. The applicant's primary operating diagnosis was major depressive disorder. It was stated that Cialis was being employed for sexual dysfunction. Ativan and Ambien were being endorsed for anxiety and insomnia, respectively, it was suggested. Multiple refills of both Ativan and Ambien were issued. It was not clearly stated whether or not the prescriptions for Cialis represented a first-time prescription or a renewal prescription. On January 27, 2014, the attending provider again noted that the applicant had low sexual activity, lack of interest, and erectile dysfunction. Cialis, Ambien, Ativan, and Celexa were again endorsed. There was no mention or discussion of whether or not Cialis had proven efficacious or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60 with one refill, as prescribed 1/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or psychological resources, in this case, however, it appears that the attending provider is endorsing Ambien for chronic, long-term, and/or daily use purposes, as suggested by the 60-tablet supply with one refill proposal. This is not an appropriate usage of Ativan, an anxiolytic, per ACOEM. Therefore, the request is not medically necessary.

Ambien 10mg #30, with one refill, as prescribed 1/27/14:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Plaquenil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purpose has responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling evidence to support such usage. The Food and Drug Administration (FDA) Ambien Medication Guide notes that Ambien is indicated in the short-term management of insomnia, for up to 35 days. In this case, however, the attending provider issued the applicant with prescriptions for Ambien, with multiple refills, on office visits of both October 8, 2013 and January 27, 2014, referenced above. Thus, the attending provider is, in a fact, employing Ambien for non-FDA labeled purpose. No applicant-specific rationale or medical evidence to support Ambien for non-FDA approved purposes was proffered by the attending provider. Therefore, the request is not medically necessary.

Cialis 20mg, prescribed 1/27/14: 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/prnc/articles/PMC2643112/Tadalafil> in the treatment of erectile dysfunction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guideline.

Decision rationale: As with the other request, the request in question represents a renewal request for Cialis. The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5 phosphodiesterase inhibitors such as Cialis do represent the first-line of therapy for erectile dysfunction, the AUA goes on to note that applicants on 5 phosphodiesterase inhibitor therapy should be periodically followed upon to determine medication efficacy, side effects, and/or any significant changes in health status. In this case, however, the attending provider has simply refilled Cialis from visit to visit for erectile dysfunction purposes, without any making any comments as to whether or not ongoing usage of Cialis has in fact ameliorated the applicant's complaints of erectile dysfunction or not. Therefore, the request is not medically necessary.