

Case Number:	CM15-0013164		
Date Assigned:	01/30/2015	Date of Injury:	09/22/2005
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Emergency 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 47 year old male, who sustained an industrial injury on September 22, 2005. He has reported lower back pain and wrist pain. The diagnoses have included lumbar spine radiculopathy and chronic pain syndrome. Treatment to date has included physical therapy, chiropractic, bracing, injections and medications. A progress note dated December 5, 2014 indicates a chief complaint of continued lower back pain and wrist pain. Physical examination showed decreased range of motion of the lumbar spine. The treating physician requested prescriptions for Celexa, Xanax, Temazepam and Viagra. On December 30, 2014 Utilization Review denied the request for the prescriptions citing the MTUS chronic pain medical treatment guidelines, ACOEM Guidelines, ODG, and non-MTUS. On January 14, 2015 Utilization Review certified the request for a prescription for Celexa. The other requests remained denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antidepressants for Chronic Pain

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

Decision rationale: The requested Xanax 0.5mg #60, 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has continued lower back pain and wrist pain. Physical examination showed decreased range of motion of the lumbar spine. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5mg #60, 2 refills is not medically necessary.

Temazepam 30mg, #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Benzodiazepines; Mental Illness and Stress

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

Decision rationale: The requested Temazepam 30mg, #30, 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has continued lower back pain and wrist pain. Physical examination showed decreased range of motion of the lumbar spine. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Temazepam 30mg, #30, 2 refills is not medically necessary.

Viagra 100mg, #5, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer, Pfizer (August, 2003)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction

Decision rationale: The requested Viagra 100mg, #5, 2 refills, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has continued lower back pain and

wrist pain. Physical examination showed decreased range of motion of the lumbar spine. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Viagra 100mg, #5, 2 refills is not medically necessary.