

<b>Case Number:</b>	CM15-0013694		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 35-year-old male, with a reported date of injury of 06/12/2011. The diagnoses include post-traumatic stress disorder, anxiety, depression, and high blood pressure. Treatments have included psychotherapy, physical therapy, occupational therapy, desensitization therapy, a brace, and oral medications. The progress report dated 12/11/2014 indicates that the injured worker complained of right upper extremity pain. He has a history of high blood pressure, which was worse. The objective findings include a normal neurological examination. The injured worker's blood pressure reading as not documented. The treating physician requested Viagra for sexual side effects caused by psychotropic medication, Prazosin, Seroquel, and Abilify. On 12/29/2014, Utilization Review (UR) denied the request for Viagra 100mg #15, and modified the request for Prazosin HCL 1mg #60, Seroquel XR 300mg #30, and Abilify 5mg #30. The UR physician noted that there was no documentation of the continued medical necessity for the requested medications. The Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #15:** 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, Pages 110-111.

**Decision rationale:** Per guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including natural decreased testosterone that occurs with aging, side-effect of medications such as certain SSRIs and anti-epileptic drugs, comorbid endocrinological and vascular disorders in erectile dysfunction such as conditions of diabetes, and hypertension. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. Although testosterone replacement may be recommended in limited circumstances in patients taking long-term high-doses of oral and intrathecal opioids, clear exhibition of symptoms and signs of hypogonadism such as gynecomastia must be documented along with low testosterone level identified by testing. Submitted reports have not demonstrated support for this medication as the patient remains on non-opioid regimen without any specific sexual dysfunction complaints, remarkable objective clinical findings, or clinical diagnosis of such. The Viagra 100mg #15 is not medically necessary and appropriate.

**Prazosin HCL 1mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health Chapter, Atypical Antipsychotics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Treatment: Management of Medical Conditions.

**Decision rationale:** Prazosin is an alpha-adrenergic blocker that may be prescribed in the treatment of hypertension, anxiety, PTSD, and panic disorder. Although the patient has diagnosis of Post-traumatic stress disorder with past medical history of hypertension and continues to treat for chronic symptoms with psychotherapy, PT/OT, desensitization therapy and oral medications; submitted reports have not demonstrated efficacy of treatment already rendered by medication, noting worsening blood pressure. Recent request for Prazosin was modified; however, continuing treatment that has not provided benefit has not been established. The Prazosin HCL 1mg #60 is not medically necessary and appropriate.

**Seroquel XR 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PTSD Pharmacotherapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13.

**Decision rationale:** Seroquel is a Serotonin Dopamine Receptor Antagonist, indicated in the treatment of acute bipolar mania and schizophrenia. This antipsychotic may be prescribed for psychological disorders such as severe depression that develop due to chronic pain, however, none diagnosed or documented for this chronic injury. Submitted reports have not adequately provided documentation of failed first-line treatment for any psychological disorder, functional improvement from treatment rendered, nor demonstrated extenuating circumstances or sufficient evidence outside guidelines criteria for the treatment of this atypical anti-psychotic. The Seroquel XR 300mg #30 is not medically necessary and appropriate.

**Abilify 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PTSD Pharmacotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress, PTSD pharmacotherapy, pages 557-558

**Decision rationale:** Ability (Aripiprazole) is a psychotropic drug indicated in the treatment of Schizophrenia and Bipolar Disorder with agitation, Autistic Disorder with irritability and adjunctive Major Depressive Disorder, none of which apply to listed diagnoses. It appears the patient is prescribed Ability in the treatment of PTSD for quite some time without demonstrated functional benefit. ODG states there is insufficient evidence to support for pharmacologic agents in the prevention and development of PTSD and specifically recommend against the use of typical antipsychotics, such as haloperidol and Abilify in the management of PTSD. Submitted reports have not adequately demonstrated the indication to support treatment with Abilify outside the guidelines recommendations and criteria. There is no report of acute flare-up, new musculoskeletal injury, or functional benefit derived from previous treatment rendered. The Abilify 5mg #30 is not medically necessary and appropriate.