

Case Number:	CM15-0122105		
Date Assigned:	07/06/2015	Date of Injury:	12/28/2013
Decision Date:	09/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

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 62 year old male injured worker suffered an industrial injury on 12/28/2013. The diagnoses included post-traumatic stress disorder and erectile dysfunction. The injured worker was a victim of an armed robbery. The summary of psychotherapy visits 5/4/15, 5/11/15, and 5/18/15 by a treating provider reported continued nightmares and awakened with panic along with having difficulty falling back to sleep. He felt less stress when at home away from retail stores. He was cooperative in all treatment modalities, however only slight improvement noted. All gun violence triggered flash backs. On exam the injured worker appeared anxious, flat affect and fatigued. On 2/11/2015 the urologist noted psychosexual dysfunction associated with inhibited sexual excitement and impotence of organic origin. At that visit Cialis was ordered. It was not clear if injured worker had returned to work. On 12/15/2015 was evaluated by a psychiatrist who reported whenever the injured worker was having a vacation activity he feels stress free and anxiety free. However, when he is forced to go back to work he becomes hypersensitive to anything relating to crime. He prescribed Prozac, Trazadone and Ativan while recommending continuation of Levitra. The treatment plan included Gabapentin and Levitra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AED) Page(s): 14-18.

Decision rationale: The MTUS Chronic pain Medical Treatment Guidelines recommend antiepileptic drugs (AED) for neuropathic pain for post herpetic neuralgia and painful poly neuropathy. The documentation provided did not include any clinical data referencing the use of this medication including, indications, or benefits from its use. Without documentation to support a diagnosis, physical finding, or efficacy of the medication, it is not supported by the guideline. Gabapentin is not medically necessary.

Levitra 20mg #8: 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), Pain Chapter (updated 04/30/2015); The American Urological Association; FDA Levitra http://www.accessdata.fda.gov/drugsatfda_docs/label/2007/021400s0101bl.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=45322&search=levitra>.

Decision rationale: CA MTUS and ODG are silent on this topic. The above referenced guideline supports the use of phosphodiesterase type 5 inhibitors such as Levitra as first line therapeutic agents for individuals with erectile dysfunction. The guidelines also support a diagnostic evaluation of these individuals which includes a detailed medical and sexual history, a validated questionnaire, physical examination, laboratory testing and other diagnostic tests. There was a reference to a urology consultation, and the IW was prescribed Cialis. This medication was not further discussed and it is unclear with a different erectile dysfunction is being prescribed. There was no documentation to support the condition of erectile dysfunction or other medical condition that would contribute to this process such and diabetes mellitus, peripheral vascular disease or hypertension. Without the appropriate supporting documentation and evaluation, the request for Levitra is not medically necessary.