

Case Number:	CM15-0177778		
Date Assigned:	10/12/2015	Date of Injury:	10/28/1999
Decision Date:	11/18/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 53 year old male, who sustained an industrial injury on 10-28-1999. He has reported injury to the low back. The diagnoses have included major depression; panic disorder with agoraphobia; and psychological factors affecting medical condition. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Clonazepam, Viagra, and Ambien. A progress note from the treating provider, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported anxiety, panic, insomnia, grief, depression, back pain, and no libido; living and relationship problems; and increased blood pressure. Objective findings included he is anxious; depressed-grieving; tired- yawning; increased tobacco; increased blood pressure; and upper respiratory infections. The treatment plan has included the request for Viagra 100mg #30; and Clonazepam 1mg #90. The original utilization review, dated 08-10-2015, non-certified the request for Viagra 100mg #30; and modified the request for Clonazepam 1mg #90, to Clonazepam 1mg #81.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

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 without any specific sexual dysfunction complaints, remarkable objective clinical findings, or clinical diagnosis of such. The Viagra 100mg #30 is not medically necessary and appropriate.

Clonazepam 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Review indicates the request for Clonazepam was modified. Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepam's continued use for the chronic 1999 injury nor is there documented functional efficacy from treatment already rendered. Clonazepam 1mg #90 is not medically necessary and appropriate.