

Case Number:	CM15-0091123		
Date Assigned:	05/15/2015	Date of Injury:	06/22/2006
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, Pain Management

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 59 year old male, who sustained an industrial injury on 06/22/2006. He reported neck, back, and shoulder injuries which included a skull and clavicular fracture after being involved in a motor vehicle accident. The injured worker is currently off work. The injured worker is currently diagnosed as having post traumatic stress disorder, depressive disorder, erectile dysfunction, neck sprain, shoulder/arm sprain, and lumbar region sprain. Treatment and diagnostics to date has included psychotherapy, epidural injections, and medications. In a progress note dated 03/12/2015, the injured worker presented with complaints of reduced anxiety, tension, irritability, depression, and insomnia with low energy level. Objective findings include exhibiting a less tense and dysphoric mood. The treating physician reported requesting authorization for Wellbutrin, Ativan, Restoril, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Wellbutrin SR 400mg #30 (unknown DOS): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16, 50, 61, 159.

Decision rationale: Per the CA MTUS, bupropion (Wellbutrin) is "a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non- neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" Bupropion (Wellbutrin) is also "Recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. See Antidepressants for chronic pain for general guidelines, as well as specific Bupropion listing for more information and references." Further guidelines are found in the ACOEM Practice Guidelines, Stress Related Conditions Chapter, pages 395-396, 402 which state: "The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile." Within the documentation available for review, there are serial progress notes from psychiatry submitted which document continued PTSD, anxiety, and depressive symptoms. The worker continues to need anti-depressant medications and this request is appropriate.

Retrospective request for Ativan 1mg #60 (unknown DOS): Upheld

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

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

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). Within the submitted documentation, the request for benzodiazepines exceeds the recommended guidelines of 4 weeks. Progress notes from December 2014 document continuous use of Ativan. This request is not medically necessary.

Retrospective request for Restoril 30mg #30 (unknown DOS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for this sleep medication, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Non-pharmacologic techniques such as sleep hygiene education or recommended first line prior to pharmacologic therapies. Within the documentation available for review, there is documentation of sleep disturbance. It appears the patient has been on Restoril for some time, but the clinical efficacy of this sleep agent is not documented. Given this, this request is not medically necessary.

Retrospective request for Cialis 20mg #5 (unknown DOS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>Uptodate Online, Tadalafil.

Decision rationale: Regarding the request for tadalafil (Cialis), Chronic Pain Medical Treatment Guidelines do not specifically address this medication. Uptodate Online, an evidenced based database, and the National Library of Medicine indicate that Cialis is used to treat erectile dysfunction and BPH. "Tadalafil is in a class of medications called phosphodiesterase (PDE) inhibitors. It works to treat erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection." Within the documentation available for review, there is no documentation indicating how the patient has responded to treatment with Cialis. Also, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed and that its etiology is industrially related. Given this, the currently requested tadalafil (Cialis) is not medically necessary.