

Case Number:	CM13-0012761		
Date Assigned:	09/25/2013	Date of Injury:	04/29/2003
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61year old male injured worker has date of injury 4/29/03. He has been diagnosed with lumbago and myofascial pain syndrome. MRI taken 3/11/05 revealed disc herniation and multilevel mild degenerative disc disease. Aside from insult secondary to the work injury, he also has diabetes, hypertension, atherosclerotic vascular disease, venous disease, and has suffered a right cerebrovascular accident. The date of the UR decision was 7/29/13. The most recent record available to me is dated 8/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation International Journal of Clinical Practice 2002 May;56(4)300-4

Decision rationale: The California Medical Treatment Utilization Schedule does not address the use of Cialis (tadalafil). Per an article published in the International Journal of Clinical Practice (2002 May;56[4]300-4) accessible via PubMed, "Tadalafil is effective in the treatment of men

with erectile dysfunction, and it appears to have a mild side-effect profile, with no visual side-effects noted." Review of the medical records submitted found no documentation of erectile dysfunction supporting the need for the requested medication. There is no indication from the records I reviewed that any industrial injury has been associated with risk factors for erectile dysfunction.