

<b>Case Number:</b>	CM13-0046290		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/13/1977
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 61-year-old male with a 10/13/77 date of injury. At the time of request for authorization for Cialis 2.5mg and Lorazepam 1mg, there is documentation of subjective (radiating low back pain and numbness in the legs) and objective (tenderness to palpation over the left lumbar paraspinals, positive straight leg raise on the left, positive slump test, and decreased muscle strength with hip abduction) findings, current diagnoses (peripheral neuropathy, lumbar spondylosis, lumbar radiculopathy, osteoarthritis of the knee, and cervical spondylosis), and treatment to date (medications (including Lorazepam).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 2.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cialis.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, and Drugs.com, <http://www.drugs.com/pro/cialis.html>.

**Decision rationale:** The MTUS and ODG do not specifically address the issue. The Physician's Desk Reference identifies documentation of erectile dysfunction (impotence) and signs of benign

prostatic hypertrophy as criteria necessary to support the medical necessity of Cialis. Within the medical information available for review, there is documentation of a diagnosis including peripheral neuropathy, lumbar spondylosis, lumbar radiculopathy, osteoarthritis of the knee, and cervical spondylosis. However, there is no documentation of erectile dysfunction (impotence) and signs of benign prostatic hypertrophy. Therefore, based on guidelines and a review of the evidence, the request for Cialis 2.5mg is not medically necessary.

**Lorazepam 1mg #60:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use. Within the medical information available for review, given documentation of previous treatment with Lorazepam, there is no documentation of a short course of treatment. Therefore, based on a review of the evidence provided for review, the request for Lorazepam 1mg, #60 is not medically necessary and appropriate.