

Case Number:	CM13-0054927		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2002
Decision Date:	06/05/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California, Tennessee, and Virginia. 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/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:

The injured worker is a 61-year-old who sustained an injury on November 26, 2002. The injured caught his right foot in a door which resulted in a twisting injury. The patient is status post right ankle fusion and has been followed for chronic right ankle and foot as well as low back pain. The record indicates ongoing depression symptoms secondary to chronic pain. The patient was receiving individual psychotherapy through 2013. The follow up psychiatric visit on November 4, 2013 continued to report a lack of intimacy with his significant other. The record indicates a continuum on Atenolol at night for sleep and Cialis 10mg for sexual side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION ATENOLOL 50MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atenolol. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to Atenolol 50mg, quantity 30, Atenolol is utilized in the treatment of hypertension. There was insufficient evidence within the clinical literature demonstrating that Atenolol is effective in modulating sleep patterns. It was unclear whether the

patient had any response from Atenolol in regards to improved sleep and if the patient had failed other trials of medications recommended for sleep modulation such as Trazadone or Lunesta. The request for Atenolol 50 mg, thirty count, is not medically necessary or appropriate.

PRESCRIPTION CIALIS 10MG, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com, in the Indications And Usage For Cialis Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cialis. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to Cialis 10mg, quantity 15, the clinical documentation submitted for review would not have supported this medication as medically necessary. The patient described sexual difficulties secondary to multiple symptoms including chronic pain and depression. There were no urological evaluations for this patient identifying erectile dysfunction. No other traumatic injury to the spinal cord was documented. Overall there were no indications for the use of Cialis for this patient. The request for Cialis 10 mg, fifteen count, is not medically necessary.