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| Case Number: | CM13-0063334 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/03/2010 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Occupational 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 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:

This is a 40-year-old who sustained work-related injury on January 3, 2010 while he was lifting and moving an overweight patient and felt a pop in his right knee. Treatment history includes physical therapy, medications (Prilosec, Januvia, Medrox cream, Motrin, Prozac, Levitra, Cialis), knee brace, and right knee arthroscopic surgeries x2. He was diagnosed with diabetes mellitus, morbid obesity, sleep apnea, premature ejaculation, and erectile dysfunction. A note dated July 19, 2011 indicated he reported sexual problems which he believed was due to the stress from his injury. A progress note dated July 10, 2013 indicates he presented with ongoing right knee pain 9/10 with swelling, weakness and giving way. Objective exam indicates right knee range of motion 0-120. MRI of right knee July 17, 2012 slightly thickened medial plica. There is moderate joint effusion. Diagnoses are status post right knee arthroscopic surgeries, diabetes mellitus, sexual dysfunction, and morbid obesity. A report dated October 15, 2013 by [REDACTED] indicates he has a mild suicidal ideation without any specific plan of carrying it out. He was diagnosed with major depressive disorder and generalized anxiety disorder complicated by diabetes mellitus, lack of sexual desire and pain he reports in his right knee and left knee. He was prescribed Prozac 40 mg, Januvia 100 mg, Cialis prn, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 5 MG TABLETS (BLISTER PACK) DAILY, THIRTY COUNT WITH TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse website www.guidelines.gov/content.aspx?id=10018.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm274642.htm>, Released on October 6, 2011, as well as the website www.cialis.com

Decision rationale: This is a request for Cialis. MTUS and ODG do not address use of this medication. The patient appears to have already been approved for use of Levitra. Cialis is not indicated for concurrent use with another medication for erectile dysfunction. It does not appear to be prescribed for benign prostatic hypertrophy. The request for Cialis 5 mg tablets (blister pack) daily, thirty count with two refills, is not medically necessary or appropriate.