

Case Number:	CM13-0063555		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2009
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, 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 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 patient with a date of injury of 11/4/09. 12/10/13 medical report identifies the pain level has remained unchanged. On exam, there is limited ROM with spasm and tenderness. Hoffman's sign is positive bilaterally. Diagnoses include spinal cord injury unspecified and post cervical laminectomy syndrome. The provider notes that Cialis was originally recommended by an urologist to aid with bladder emptying. The patient has an incomplete spinal cord injury and uses Cialis with Flomax as part of his bladder care regimen. The provider also notes that he is unable to pull the urologist's report.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 5 MG: 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 Other Medical Treatment Guideline or Medical Evidence: www.drugs.com

Decision rationale: Regarding the request for Cialis, California MTUS and ODG do not address the issue. The FDA indications include treatment erectile dysfunction and benign prostatic

hypertrophy. Within the documentation available for review, the provider notes that the medication was recommended by the patient's urologist to aid with bladder emptying after his spinal cord injury, but there is no support for the use of this medication to treat this condition or documentation of a supported indication such as erectile dysfunction or BPH. In light of the above issues, the currently requested Cialis is not medically necessary.