

Case Number:	CM14-0101941		
Date Assigned:	07/30/2014	Date of Injury:	02/19/2007
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 46 year old male. The patient sustained an injuries to his neck, back, both legs, and stomach. The date of injury is February 19, 2007. The exact mechanism of injury has not been noted. He carries the current diagnoses of right inguinal hernia, pain disorder lumbar spine, left inguinal hernia, iatrogenic sexual dysfunction, CNS cognitive arousal disorder, iatrogenic gastrointestinal disturbance. A request for Cialis was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction (2012, February 10). Mayo Clinic. Retrieved July 19, 2012 from <http://www.mayoclinic.com/health/erectile-dysfunction/DS00162>.

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:Cialis, FDA approved package insert.

Decision rationale: Cialis is FDA approved to treat erectile dysfunction. According to the documents available for review, the patient has been diagnosed with iatrogenic sexual dysfunction. There are no urologic evaluations provided indicating this work up and diagnosis however. Therefore, at this time, in the absence of such documentation, the requirements for treatment have not been met and medical necessity has not been established.