

Case Number:	CM14-0108168		
Date Assigned:	09/15/2014	Date of Injury:	04/01/2009
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 45 year old male with date of injury 4/1/09. The treating physician report dated 6/3/14 indicates that the patient presents with chronic pain affecting the rib cage, headaches, cervical pain, thoracic pain, G/I symptoms, erectile dysfunction, sleep dysfunction and depression. Pain levels are rated a 5-7/10 with medication usage. The physical examination findings reveal decreased cervical ranges of motion, muscle strength was 5/5 for upper extremities, scalp tenderness and 2+ myofascial tension of thoracic spine. The current diagnoses are: 1. Rib fractures right 2-6 2. Post concussion syndrome 3. Cervical strain 4. Myofascial tension thoracic 5. Migraine headaches 6. Depression with post traumatic stress disorder 7. Erectile dysfunction. The utilization review report dated 6/24/14 denied the request for Cialis based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #15: 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:

Decision rationale: The patient presents with chronic pain affecting the cervical spine, thoracic spine and rib cage with associated headaches, depression and erectile dysfunction. The current request is for Cialis 5mg #15. The treating physician report dated 6/3/14 states, "Erectile dysfunction due to chronic pain, not accepted as industrial injury. Prescription is for Cialis 5mg #15. Emotional Response Chart--Loss of interest in sexual activity due to emotional issues is mild." There is no further information or examination findings supporting a diagnosis of erectile dysfunction. The MTUS and ODG guidelines do not address Cialis usage for erectile dysfunction. The AETNA guidelines have specific diagnostic workup criteria to determine a diagnosis of erectile dysfunction (ED). Additionally laboratory tests are required before treatment of ED can be considered. In this case the treating physician has been prescribing Cialis since at least 1/15/14. There are no diagnostic tests found in the medical records provided to clinically diagnose the patient with ED. There is nothing in the records to determine the specific etiology of the patient's ED. The treating physician has failed to follow any guidelines for this current request and the supporting documentation fails to show any medical necessity for the current request. The request for Cialis 5mg #15 is not medically necessary.