

Case Number:	CM14-0137912		
Date Assigned:	09/12/2014	Date of Injury:	02/20/2007
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal 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:

The injured worker is a 48-year-old male who reported an injury on 2/20/2007 after falling 24 feet from a ladder that collapsed. The injured worker complained of arm, thoracic, and lower back pain. The injured worker had diagnoses of degeneration of the lumbar disc, chronic pain syndrome, lower back pain, pelvic hip pain, spasm in the muscle, and cervical radiculopathy. Medications included Methadone 10 mg, Oxycodone 30 mg, and Diazepam 10 mg. The general examination dated 07/01/2014 revealed alert and oriented x3; well-nourished and hydrated; well groomed; skin moist, warm, dry; lungs with normal effort; neurologic examination revealed an antalgic gait walking with crutch, no tremors; central nervous system grossly intact; extremities: with a left knee brace. The injured worker was also noted for secondary hypogonadism. The treatment plan included a prescription for Cialis and return for follow-up. The Request for Authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cialis 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Cialis (Tadalafil), Online

Decision rationale: The request for 1 prescription of Cialis 20 mg is not medically necessary. Cialis is recommended for erectile dysfunction. The examination of the injured worker did not provide evidence of erectile dysfunction to warrant the use of Cialis. The documentation indicated that the injured worker was taking high doses of opioids. The request did not address the frequency or duration. As such, the request is not medically necessary.