

Case Number:	CM14-0173878		
Date Assigned:	10/27/2014	Date of Injury:	09/26/2006
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 New York. 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 54 years old male with a date of injury of 09/26/2006. He was holding a hose and it tugged and he fell on his left knee. He also has back pain. He had a medial meniscus tear on MRI. He stopped working in 2007. Subsequently he had left knee arthroscopic surgery (02/26/2007) but still has left knee pain and decreased range of motion. He also has a mood disorder and back pain. Lumbar MRI on 10/16/2014 revealed stenosis at the right L5 nerve root. In 03/2014 he was supposed to be weaned off opiates (Norco). On 04/22/2014 the left knee pain was 3-4/10. There was no deformity or effusion. He had decreased range of motion from pain. Lumbar range of motion was decreased. On 09/09/2014 he had left knee pain, poor sleep quality and decreased left knee extension. There was tenderness to palpation of the medial and lateral joint line. There was no effusion. He was taking Norco, Lidoderm patch, gabapentin and Baclofen. The request for Norco was modified for weaning from opiates. He takes it PRN, not daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg 1 daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

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: The patient does not take opiates daily and is being weaned off opiates as of requests for further Norco prescriptions since 03/2014. MTUS, ACOEM and ODG are silent about Cialis. Cialis is FDA approved for the treatment of erectile dysfunction which is not documented in this patient's record. Cialis is not FDA approved for treatment of a mood disorder, knee pain or back.