

Case Number:	CM14-0021708		
Date Assigned:	05/05/2014	Date of Injury:	02/09/2011
Decision Date:	07/09/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 42-year-old male who reported an injury on 2/9/01. The mechanism of injury was not submitted in the clinical documentation provided for review. The clinical note dated 7/16/13 reported that the injured worker complained of low back pain, rated at 6/10. The injured worker reported feeling better overall; he was more active. On the physical exam, the provider noted low back with diffuse tenderness and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 10MG #10: 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: Medline Plus: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: The California MTUS/ACOEM guidelines and the Official Disability Guidelines do not address Cialis, so alternate guidelines were used. Medline Plus notes that Cialis is used to treat erectile dysfunction, impotence, the inability to get or keep an erection, and the symptoms of benign prostatic hyperplasia, which include difficulty urinating, hesitation,

dribbling, weak stream, and incomplete bladder emptying, painful urination, and urinary frequency, and urgency in adult men. There is lack of clinical documentation indicating the injured worker to have erectile dysfunction, impotence, or benign prostatic hyperplasia. The clinical documentation submitted does not support the use of Cialis. As such, the request is not medically necessary.