

Case Number:	CM14-0031212		
Date Assigned:	04/09/2014	Date of Injury:	10/19/2001
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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 and Illinois. 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 55-year-old male who reported an injury on 10/19/2001, the mechanism of injury was not provided. The clinical note dated 01/08/2014 noted the injured worker presented with complaints of neck pain radiating bilaterally to the upper extremities, low back pain that radiated bilaterally to the lower extremities, upper extremity pain bilaterally in the elbows and hands, nausea, abdominal pain, and erectile dysfunction. Upon cervical examination, there was noted tenderness to the occipital on the right side, cervical range of motion limited due to pain, and lumbar examination noted tenderness to the spinal vertebral area L4 to S1 levels, upper extremity tenderness noted at the right elbow and bilateral wrists, positive Tinel's on the right, positive Phalen's on the right, and a normal examination of the chest. The diagnoses were cervical radiculitis, status post cervical spinal fusion, chronic pain, lumbar radiculitis, status post fusion of the lumbar spine, bilateral carpal tunnel syndrome, right elbow pain, occipital neuralgia, depression, gastritis, insomnia, medication-related dyspepsia, obesity, and right cubital tunnel syndrome. The treatment plan included continuation of medication with the inclusion of Cialis 5 mg with a quantity of 30 for erectile dysfunction. The Request for Authorization Form was not included within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 5MG, #30: 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: RXlist, Cialis, Online Database www.RXlist.com/Cialis

Decision rationale: The request for Cialis 5 mg with a quantity of 30 is non-certified. The RXlist states Cialis is for treatment of injured workers with both erectile dysfunction, and signs and symptoms of benign prostatic hyperplasia. The use for mild to moderate dysfunction has not been extensively evaluated and the use for severe dysfunction is not recommended. There was a lack of significant objective examination findings to support possible pathology that would warrant Cialis. The documentation lacked the severity of the dysfunction whether it is mild, moderate, or severe. As such, the request is not medically necessary.