MAXIMUS Federal Services

Case Number:	CM14-0032199		
Date Assigned:	03/21/2014	Date of Injury:	01/30/2002
Decision Date:	05/20/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational 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 applicant has filed a claim for chronic groin pain reportedly associated with an industrial injury of January 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; lumbar spine surgery of May 2013; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. The applicant was described as having groin pain and low back pain on an office visit of August 29, 2013. Cialis and methadone were on the applicant's medication list at that point. The applicant's complete medication list included ketamine, lactulose, Cialis, methadone, Coreg, Coumadin, Hyzaar, isosorbide, Lasix, Mevacor, and Valium. In an earlier note of October 22, 2013, the applicant was described as using Cialis 20 mg for erectile dysfunction, which he stated was working well for him. In a November 19, 2013 note, the applicant was described as using Cialis to help with erectile dysfunction at that point in time. Cialis was refilled on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20MG #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guidelines

Decision rationale: The MTUS does not address the topic. As noted by the American Urologic Association, 5 phosphodiesterase inhibitors such as Cialis do represent a standard first-line treatment for erectile dysfunction, which is present here. In this case, the applicant has, moreover, indicated on several office visits that Cialis has worked well for him. Continuing the same, thus, is indicated. Accordingly, the original utilization review decision is overturned. The request is medically necessary.