

Case Number:	CM14-0042847		
Date Assigned:	06/30/2014	Date of Injury:	04/01/2009
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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:

This is a 44-year-old male with a 4/1/09 date of injury. The mechanism of injury was not noted. According to a 2/26/14 progress note, the patient stated that the severity of his headaches was increasing, as the effects of Botox are wearing off after two months, scalp tenderness to palpation was found on the right side in the region of the occipital nerve, posterior lateral bending caused pain in the cervical facets. Diagnostic impression: mild post concussion syndrome, cervical strain and chronic pain, myofascial tension in the thoracic region, migraine headaches, neural pain radiating from cervical and thoracic radicular sources. Treatment to date: medication management, activity modification. A UR decision dated 3/24/14 modified the request for Cialis from 15 tablets to 1 tablet. There was no clear evidence presented of the medical necessity of the requested quantity of 15 tablets of Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #15: Upheld

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

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: FDA (Cialis).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Cialis is indicated for the treatment of erectile dysfunction (ED), for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH), and for the treatment of ED and the signs and symptoms of BPH (ED/BPH). It is documented in several progress notes that the patient suffers from erectile dysfunction due to chronic pain. A previous UR decision dated 3/24/14 modified the request for Cialis from 15 tablets to 5 tablets. There was no rationale provided indicating why the patient requires 15 tablets at this time. Therefore, the request for Cialis 5mg #15 was not medically necessary.