

Case Number:	CM14-0044990		
Date Assigned:	06/20/2014	Date of Injury:	05/23/2001
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 is licensed to practice in Nevada. 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 49-year-old gentleman was reportedly injured on May 23, 2001. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated March 10, 2014, indicates that there are ongoing complaints of pain in the upper and lower extremities and stiffness in the spine. The physical examination demonstrated decreased range of motion of both shoulders and both knees. There was blurry vision, which was stated to possibly be secondary to medication usage. The treatment plan included a referral to internal medicine, ophthalmology, and rheumatology. Medications prescribed were Celebrex, Lyrica, Flurbiprofen, Glipizide, and Metformin. A request was made for Cialis and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5 mg #20, take one (1) tablet one (1) hour prior to intercourse, do not repeat for eight (8) hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cialis.com/#8206.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Medline Plus indicates that Tadalafil (Cialis) is used to treat erectile dysfunction (ED, impotence; inability to get or keep an erection). According to the most recent progress note dated March 10, 2014, it is not stated that the injured employee is having erectile dysfunction issues, or that they are related to the compensable injury. It is also important to note that the injured employee has a history of diabetes, which is a likely cause of erectile dysfunction. For these reasons this request for Cialis is not medically necessary.