

Case Number:	CM14-0047539		
Date Assigned:	09/05/2014	Date of Injury:	03/09/1998
Decision Date:	10/14/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on August 15, 1995. The mechanism of injury is noted as lifting a heavy metal plate. The only progress note submitted for review is dated January 11, 2012, and indicates that there are ongoing complaints of erectile dysfunction. The physical examination demonstrated there was a normal physical examination to include a genital examination on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine fusion at L5 - S1 and subsequent fusion at L4 - L5 and a laminectomy at L3 - L4. There has been prior use of Viagra with good results. A request had been made for Cialis 5 mg and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication review: Cialis 5 mg #30 related to lumbar, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2, Summary of Recommendations, Low back Disorders. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological basis of Therapeutics, 12th Edition, McGraw Hill, 2006; Physician's Desk Reference, 68th Edition; www.RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose

Calculator-AMDD Agency Medical Directors' Group Dose Calculator,
www.agencymeddirectors.wa.gov; Broadspire's Physician Advisory Criteria for Erectile
Dysfunction Drugs (CGMPs).

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>

Decision rationale: According to the attached medical record, the injured employee had prior use
of Viagra, which worked well for his erectile dysfunction symptoms. Considering this, it is
reasonable to try a prescription of Cialis for the injured employee's erectile dysfunction. As such,
this request for Cialis 5 mg is medically necessary.