

Case Number:	CM14-0054011		
Date Assigned:	07/23/2014	Date of Injury:	10/20/2001
Decision Date:	09/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 51-year-old male was reportedly injured on October 10, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 14, 2014, indicated that there were ongoing complaints of low back pain with radicular symptoms. The injured employee has followed up for medication management. The physical examination demonstrated increased sensation of the right upper extremity and right lower extremity L5 weakness. Diagnostic imaging studies objectified an L5-S1 disc extrusion. Previous treatment is unknown. A request had been made for Cialis and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg- #10 with 3 refills: 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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Cialis is a medication indicated for the treatment of erectile dysfunction and symptoms of benign prostatic hyperplasia. The attached medical record does not indicate that the injured employee has any of these conditions or their relation to the injury. Considering this, the request for Cialis is not medically necessary.