

Case Number:	CM14-0056801		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2007
Decision Date:	09/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/28/2014

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 39 year-old male was reportedly injured on 5/6/2007. The mechanism of injury is noted as an altercation with a suspect. The most recent progress note dated 3/25/2014, indicates that there are ongoing complaints of shoulder pain, and low back pain. The physical examination demonstrated: antalgic gait, posture is normal, leg length discrepancy. Lumbar spine: abnormal reversal lumbar lordosis, surgical scars noted. No recent diagnostic studies are available for review. Previous treatment includes lumbar fusion, left ulnar nerve release, physical therapy cover medications, and conservative treatment. A request was made for Cialis 20 mg, #20. Androgel pump gel 20.25mg/act 1.62% quantity 225, and was denied in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's drug consult.

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: BJU Int.â2009 Feb; 103(4):506-14. doi: 10.1111/j.1464-410X.2008.08000.x. Epub 2008 Oct 16.

Decision rationale: Tadalafil, more commonly known as Cialis, is used for the treatment of erectile dysfunction. Based on the clinical documentation provided, the injured worker does have chronic shoulder and back pain. After review of the medical records provided there was no subjective or object clinical findings associated with erectile dysfunction. As such, the requested medication is considered not medically necessary.

Androgel pump gel 20.25mg/act 1.62% #225: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110.

Decision rationale: According to MTUS Guidelines the use of this medication is recommended in limited circumstances to patients taking high-dose, long-term opioids, with documented low testosterone levels. Hypogonadism can be a noted finding. After review of the medical records provided I was unable to identify laboratory findings documenting hypogonadism and low testosterone levels. Therefore the use of this medication without significant justification is deemed not medically necessary.