

<b>Case Number:</b>	CM14-0070507		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/09/2007
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 46-year-old male who sustained multiple injuries on 03/09/2007 secondary to a motor vehicle accident. His diagnoses include cervical and lumbar spondylosis, neck pain, and lower leg joint pain. He sustained extensive injuries because of the accident including fractures, traumatic brain injury, and mild left-sided hearing loss. He has since developed a chronic pain syndrome, headaches, cognitive problems, sleep apnea, depression, erectile dysfunction, and other psychological issues. His treatment has included greater than 15 surgeries, medications including narcotics, Botox injections, trigger point injections, occipital nerve blocks, PT, pool therapy, cervical facet injections, chiropractic care, massage therapy, bracing, and CBT. The treating provider has requested Cialis 2.5mg # 30, and Pantoprazole ( Protonix) 20mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 2.5mg, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.guidelines.gov/content.aspx?id=10018> The management of erectile dysfunction: an update.

**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: Medscape Internal Medicine 2013 : Cialis therapy.

**Decision rationale:** The standard treatment for the lower urinary tract symptoms associated with BPH is either an alpha1-adrenergic blocker in men with an enlarged prostate or a five alpha-reductase inhibitor, but these drugs can produce side effects including dizziness, hypotension, and sexual dysfunction. Although PDE-5 inhibitors like those that Cialis are only approved for erectile dysfunction, preliminary data suggested that they might be beneficial in treating the lower urinary tract symptoms associated with BPH. The claimant has no history of lower urinary tract symptoms related to BPH but has used PDE5 therapy due to ejaculatory problems secondary to Cymbalta therapy. Cymbalta has proved successful for his headaches and depression. Compared with 42% of men with on-demand Tadalafil, 69% of men with once-daily Tadalafil reported improved erections at the endpoint. He has had reported success with prn Viagra and Cialis use and has had regular success with the daily formulation. Medical necessity for the requested item has been established. The requested item is medically necessary.

**Pantoprazole (Protonix) 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter: Pain Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 68.

**Decision rationale:** The California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant's only complaint is of frequent heartburn with his medications. He is presently not maintained on any NSAIDs. Based on the available information provided for review, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.