

Case Number:	CM14-0076934		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2008
Decision Date:	09/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Virginia and the District of Columbia. 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:

This is a 47 year old patient who sustained injury on October 20, 2008 and was diagnosed with traumatic shoulder arthropathy and chondromalacia patella. He was noted as having bilateral shoulder pain and left knee pain. On April 30, 2014, he was prescribed Norco, Zoloft and Motrin by [REDACTED], who saw the patient for similar issues on Mar 3 2014 and had given the patient prescriptions for Norco, Soma, Zoloft and Motrin. Prior to this, [REDACTED] saw the patient on Feb 3 2014 and prescribed Norco, Soma, Flexeril, Zoloft and Motrin. It was noted that the patient had right shoulder surgery on Dec 1, 2010 and a retro coracoid decompression on March 7, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 tablets of Cialis 20mg between 4/18/2014 and 4/18/2014: 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.rxlist.com/ cialis-drug/indications-dosage.htm><http://reference.medscape.com/drug/adcirca-cialis-tadalafil-342873>.

Decision rationale: MTUS and ACOEM guidelines do not address Cialis. Therefore, other guidelines were cited. Cialis is a medication used to treat erectile dysfunction. On Apr 17 2014 the patient was given Cialis. There is no clinical documentation to support when this medication was prescribed and for what purpose; the patient did not offer complaints of erectile dysfunction and there is no mention of spinal cord injury. This request is not medically necessary.