

Case Number:	CM14-0092180		
Date Assigned:	07/25/2014	Date of Injury:	06/15/1999
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 California. 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 injured worker is a 45 year old right hand dominant man who fell while carrying hot tar. He sustained injuries to his right upper limb and was treated with skin grafts, shoulder surgeries and a right ulnar nerve release. Physical exam was significant for burn marks in the right upper extremity. There was no genitourinary exam. Diagnoses: 1. Third degree burn to the right arm, status post skin graft 2. Chronic right shoulder pain s/p two surgeries 3. Right ulnar nerve impingement s/p ulnar nerve transposition 4 Anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cialis.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: Guidelines on male sexual dysfunction: <http://www.pdr.net/drug-summary/cialis?druglabelid=2262&id=2156>.

Decision rationale: The request is for Cialis (Tadalafil). The medication is requested for treatment of erectile dysfunction and benign prostatic hypertrophy. The medical records provided do not give a diagnosis of erectile dysfunction (ED) or benign prostatic hypertrophy (BPH).

There is no mention in the medical records of ED or BPH. ACOEM and the Official Disability Guidelines provide no guidelines for the usage of Tadalafil. There is no evidence of work-up or diagnosis of ED or BPH. The IMR process does address industrial causation so causation is a non sequitor. Since the medical records do not reflect a diagnosis of ED or BPH, there is no medical necessity for Tadalafil.