

Case Number:	CM14-0094099		
Date Assigned:	07/25/2014	Date of Injury:	02/16/2005
Decision Date:	09/11/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 patient is a 41 year old male who was injured on 02/16/2005. Mechanism of injury is unknown. Prior treatment history has included injection to the right knee with benefit for several months, physical therapy, and acupuncture with minimal benefit. He has undergone L4-L5 laminectomy/discectomy on 08/14/2006 and a lumbar spine fusion on 11/04/2009 with removal of hardware in 2012. Progress note dated 05/01/2014 documented the patient with complaints of pain in the right greater than left knee, which has been bothering him for the last few weeks. He remains symptomatic with low back pain and left lower extremity pain. He describes a burning electrical pain that travels down the left leg which worsens with prolonged standing, walking and sitting. The patient remains symptomatic with obtaining and maintaining an erection. He denied bowel or bladder dysfunction. Utilization report dated 06/04/2014 denied the requests for Cialis 5 mg #30 and Cialis 20 mg #12 with 4 refills each. The rationale for the denial is that there is no accepted urologic industrial injury in this case. There has been no documentation provided that is evidence and scientifically based as well as no documentation on testosterone levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg, #30, refills: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd edition, chapter 7, page 127.

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: The NIM guidelines recommend Cialis as an option for the treatment of erectile dysfunction. The clinical documents, however, did not adequately discuss prior conservative therapy that has been undertaken. There was no documented testosterone level. There does not appear to be a urologic injury. From the clinical notes provided the erectile dysfunction does not appear to be related to the patient's injury in 2005. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Cialis 20mg, #12, refills: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd edition, chapter 7, page 127.

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>.

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