

Case Number:	CM14-0202542		
Date Assigned:	12/15/2014	Date of Injury:	07/16/2010
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 injured work is a 54 year old male with a date of injury of July 16, 2010. Results of the injury include debilitating pain in the neck radiating down to both upper extremities. Diagnosis include cervical myoligamentous injury with bilateral upper extremity radicular symptoms, cervical cord myelopathy with central cord syndrome, S/P anterior cervical fusion at C2-3, C3-4, C4-5, C5-6 and C6-7, s/p posterior fusion from C3 through C7, bilateral knee internal derangement, status post right knee arthroscopy, s/p left total knee arthroplasty, s/p L5-S1 fusion, lumbar spine post laminectomy syndrome with bilateral lower extremity radiculopathy, and continuous cervicogenic headaches with migraine component. Treatment had included imitrex, pain medication, physical therapy, and muscle relaxants. Magnetic Resonance imaging of the cervical spine dated January 10, 2013 revealed status post fixation and multiple metallic Screws causing artifact. Magnetic resonance Imaging of the lumbar spine date January 10, 2013 revealed an interbody fusion at L4-5 and L5-S1 which was noted as solid. At L3-4, there is a mild degenerative disc dehiscence and a 5 mm disc protrusion with a small annular tear. Progress report dated November 3, 2014 showed the cervical spine with decreased range of motion. Lumbar spine showed decreased range of motion with muscle guarding. Treatment plan was for botulinum toxin, anaprox, Prozac, Prilosec, Provigil, and Cialis. Utilization review form dated November 20, 2014 non certified Cialis 20mg #10 based on MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20 mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/12074215> Tadalafil (Cialis) for men with erectile dysfunction. Eardley II, Cartledge J.

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: Cialis FDA Approved package insert.

Decision rationale: MTUS and ACOEM are silent on the use of Cialis. The requested Cialis was previously denied as there was no documentation of an indication for its use. In the PR-2 from dated 09/09/2014 it was noted that the patient had erectile dysfunction which is an indication for Cialis. Cialis is medically necessary for this patient.