MAXIMUS Federal Services

Case Number:	CM14-0205504		
Date Assigned:	12/17/2014	Date of Injury:	04/17/2008
Decision Date:	02/10/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old man who sustained a work related injury on April 17, 2008. Subsequently, he developed chronic knees pain. According to a progress report dated December 11, 2014, the patient stated he has aching pain of the right knee. He was taking Norco, Wellbutrin, and Voltaren with good benefit and tolerating it well. He rated the level of his pain as a 7-9/10 without medications and 5-6/10 with medications. MRI of the right knee dated May 19, 2008 showed Grade II chondromalacia with 4 mm focus of grade II-III medial patellar facet chondromalacia and also a chronic peripheral tear of the posterior horn of the medial meniscus associated with coronary ligament tear, underlying cystic degeneration of posterior medial tibial plateau, thickened patellar ligament and adjacent Hoffa's pad indicative of jumper's knee. Right knee examination revealed mild tenderness. The patient was able to almost fully extend. He was able to flex to 95 degrees. Strength was 5-/5 at the quadriceps. Sensation was decreased in the lateral right leg. The patient was diagnosed with right knee pain, status post history of medial meniscus tear; patellar tendon rupture with repair in December of 2009; and ruptured right quadriceps with repair on February 27, 2014 with re-repture and re-repair on May 24, 2014 with subsequent infection. The provider requested authorization for Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20MG # 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.emedicinehealth.com/drug-tadalafil/article_em.htm.

Decision rationale: Tadalafil relaxes muscles and increases blood flow to particular areas of the body. Tadalafil under the name of Cialis is used for the treatment of erectile dysfunction. There is no documentation that the patient impotence resulted from erectile dysfunction. Therefore the prescription of Cialis is not medically necessary.