

<b>Case Number:</b>	CM14-0209871		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 patient is a 57 year old male with a date of injury of 07/02/2008. He slipped off a loading dock and fell 4.5 to 5.5 feet landing on his right side. He had fractures of left ribs 7,8,9 and 10. He also had a fracture of the left L1 transverse process. He has back pain on 01/27/2011 he had a L5-S1 fusion. On 05/08/2013 EMG/NCS of both lower extremities revealed a right S1 radiculopathy. On 05/21/2014 his urine testing was positive for the prescribed Methadone. On 07/08/2014 it was noted in the ER that he was not taking Cialis or Lexapro. On 08/11/2014 and 08/13/2014 he ambulated with a cane. Cialis was prescribed for erectile dysfunction. Lexapro was started on 10/08/2014 because of depression and mood issues not for pain relief. Lexapro had been ordered by a psychiatrist. On 11/05/2014 he had back pain radiating to both lower extremities. Lumbar range of motion was decreased. Right straight leg raising was positive. Lower extremity strength was 5/5. On 12/03/2014 a psychiatric consultation had been approved and was pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Escitalopram 10mg, 1 month supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexapro, FDA approved package insert.

**Decision rationale:** Since his injury, he has been treated with surgery and has failed lumbar surgery syndrome. He continues to have severe pain treated with opiates and ambulates with a cane. He has been referred to psychiatry. He has depression from the injury, treatment and response to treatment. Lexapro is being prescribed for a FDA approved indication and is medically necessary for this patient to stabilize his mood.

**Cialis 10mg, 1 month supply:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cialis-drug/indications-dosage.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cialis, FDA approved package insert.

**Decision rationale:** Since his injury, he has been treated with surgery and has failed lumbar surgery syndrome. He continues to have severe pain treated with opiates and ambulates with a cane. He has been referred to psychiatry. He has depression and erectile dysfunction from the injury, treatment and response to treatment. Cialis is being prescribed for a FDA approved indication - erectile dysfunction - which is the only FDA approved indication. It is medically necessary for this patient.