

Case Number:	CM15-0137685		
Date Assigned:	07/27/2015	Date of Injury:	10/31/2013
Decision Date:	09/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on October 31, 2013. He reported right leg pain after a motor vehicle accident. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, spinal stenosis of the lumbar region without neurogenic claudication, cervicalgia, chronic pain syndrome, and unspecified essential hypertension. Treatments and evaluations to date have included epidural injection, electromyography (EMG)/nerve conduction velocity (NCV), MRIs, chiropractic treatments, and medication. Currently, the injured worker complains of pain radiating down the right leg and left testicle. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker reported his pain with medication as 2/10 on the visual analog scale (VAS), and 8/10 on the VAS without medication. The injured worker's current medications were listed as Cialis, Gabapentin, and Percocet. The physical examination was noted to show mild bilateral spasm in the cervical paraspinal muscles, tenderness over the lumbar facets L5-S1 with range of motion (ROM) decreased in all planes, and decreased sensation in the posterior right leg and on the sole of the right foot. The treatment plan was noted to include prescriptions for Percocet, Gabapentin, and Cialis. The injured worker's work status was noted as capable of no prolonged standing or walking, no repetitive bending, stooping, or twisting, and no lifting over 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #10, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association, (AUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm124841.htm>.

Decision rationale: The CA MTUS and Official Disability Guidelines fail to discuss the use of Cialis in cases of erectile dysfunction, and therefore the above listed source from the FDA provides the preferred mechanism with which to assess clinical necessity of the requested treatment. In this case, due to the patient's chronic injury scenario and risk of chronic treatment without clear indication for use, utilization review reasonably non-certified the request. Therefore, the decision by utilization review is considered reasonable, and the initial request is not medically necessary.