

Case Number:	CM15-0164832		
Date Assigned:	09/02/2015	Date of Injury:	06/05/2002
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 6-5-02. He had complaints of neck, face, ear and right shoulder pain. He had a crush injury involving many body parts. Treatments include: medication, physical therapy, injections, facet blocks and surgery. Progress report dated 8-5-15 reports continued complaints of low back pain with radiation down to both legs and shoulder pain. The pain is rated 6 out of 10 with medications and 9 out of 10 without medications. His quality of sleep is poor. Diagnoses include: lumbar radiculopathy, spinal lumbar degenerative disc disease, mood disorder, cervical pain and post cervical laminectomy syndrome. Plan of care includes: currently wearing lumbar support brace, proceed with aqua therapy, request mattress, request scooter, continue current medications; soma, bisacodyl, miralax, lyrica, voltaren gel, nexium, colace, bio-freeze, prescription given for Cialis 2.5 mg 1 daily, #30, nexium, biscodyl and lyrica. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 2.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR), Cialis.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of BPH and erectile dysfunction. The documentation does not show the patient to have either of these diagnoses due to industrial incident and therefore the request is not medically necessary.