

Case Number:	CM15-0218522		
Date Assigned:	11/10/2015	Date of Injury:	05/29/2012
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: California

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 was a 40 year old male, who sustained an industrial injury, May 29, 2012. The injured worker was undergoing treatment for lumbar disc displacement, lumbosacral neuritis and spinal stenosis of the lumbar spine. According to progress note of August 26, 2015, the injured worker's was returning for a follow-up visit from revision posterior laminectomy and instrument fusion with resolution of sciatica and dramatic improvement in the back pain. The objective findings were a well-keeled lumbar incision and abdominal incision. The injured worker's gait was normal. The injured worker was able to balance on toes as well as heels and was able to squat to the floor. The straight leg raises were negative. The injured worker had good range of motion with the hip, knees and ankles. The motor testing of the lower extremities was 5 out of 5. According to the urology progress note of May 20, 2015 the injured worker had organic impotence. The injured worker previously received the following treatments lumbar trigger point injection, Naprosyn, Viagra 100mg and surgery. The RFA (request for authorization) dated the following treatments were requested for the Omeprazole 20mg #30 and Cialis 5mg for erectile dysfunction #5. The UR (utilization review board) denied certification on October 28, 2015, for the Omeprazole 20mg #30 and Cialis 5mg for erectile dysfunction #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg for erectile dysfunction #5: Upheld

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/putmed/15306109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHFS Monograph for Cialis, accessed on Drugs.com.

Decision rationale: The MTUS guidelines and ODG do not address the use of Cialis. Per the available information, Cialis may be an appropriate medication for the treatment of erectile dysfunction when other urologic causes have been ruled out, including low testosterone. In this case, the injured worker was noted to have had erectile dysfunction prior to his work-related injury. Additionally, there is no documentation of the efficacy this medication has had with previous use. The request for Cialis 5mg for erectile dysfunction #5 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker has been prescribed Omeprazole since at least June 2014 without documentation of efficacy. The request for Omeprazole 20mg #30 is not medically necessary.