

Case Number:	CM15-0053184		
Date Assigned:	03/26/2015	Date of Injury:	11/01/2000
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on November 1, 2000. The mechanism of injury is unknown. The injured worker was diagnosed as having shoulder bursitis and displacement of intervertebral disc site unspecified without myelopathy. Treatment to date has included diagnostic studies, surgery and medications. On December 3, 2014, the injured worker complained of increased symptoms in the right upper extremity with increased numbness and tingling in digits. Tinel's sign was positive over the ulnar nerve and decreased grip was noted. The treatment plan included occupational therapy, medications and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cialis.html#indications>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cialis.html#indications>.

Decision rationale: Cialis is used to treat erectile dysfunction and symptoms of benign prostatic hypertrophy. In this case, the patient requires Cialis for erectile dysfunction secondary to chronic low back pain as well as side effects of other medications. There is no documentation of treatment efficacy. Without documentation of efficacy, the request for Cialis is not medically appropriate or necessary.