

<b>Case Number:</b>	CM15-0084394		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: 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 12/11/07. He reported a back injury. The injured worker was diagnosed as having tendonitis, Pes Plano valgus, plantar fasciitis and deep vein thrombosis. Treatment to date has included oral medications, AFO braces and appropriate footgear. Currently, the injured worker complains of ingrown toenails of right and left hallux secondary to severe valgus deformity of great toes, severe rear foot pronation / ankle pronation and progressive pain to rear of foot. Physical exam noted tenderness to palpation midline and left greater than right paraspinals of lumbar area with diffuse decrease in light touch n distal lower extremities bilaterally. A request for authorization was submitted for Celebrex and Cialis. The injured worker stated he was taking Celebrex twice daily as opposed to the recommended once daily and it was elevating his blood pressure at this dose, he requested the Cialis to lower the blood pressure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60 ref 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Celebrex 200mg #60 ref 2 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treating physician has documented tenderness to palpation midline and left greater than right paraspinals of lumbar area with diffuse decrease in light touch in distal lower extremities bilaterally. A request for authorization was submitted for Celebrex and Cialis. The injured worker stated he was taking Celebrex twice daily as opposed to the recommended once daily and it was elevating his blood pressure at this dose, he requested the Cialis to lower the blood pressure. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing, especially in light of the reported side effect of increased blood pressure. The criteria noted above not having been met, Celebrex 200mg #60 ref 2 is not medically necessary.

**Cialis tablet #30:** 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/cialis.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction.

**Decision rationale:** The requested Cialis tablet #30 is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, Up-to-date Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The treating physician has documented tenderness to palpation midline and left greater than right paraspinals of lumbar area with diffuse decrease in light touch in distal lower extremities bilaterally. A request for authorization was submitted for Celebrex and Cialis. The injured worker stated he was taking Celebrex twice daily as opposed to the recommended once daily and it was elevating his blood pressure at this dose, he requested the Cialis to lower the blood pressure. The treating physician has not documented the medical necessity for a trial of a more standard anti-hypertensive agent or trials of reduced Celebrex dosage to bring the blood pressure under control. The criteria noted above not having been met, Cialis tablet #30 is not medically necessary.