

Case Number:	CM14-0145930		
Date Assigned:	09/12/2014	Date of Injury:	11/04/2005
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64 year-old male with a history of a work injury occurring on 11/04/04 while working for the [REDACTED]. He was seen on 02/27/14. There had been improvement in right knee pain after two Synvisc injections. Physical examination findings included lumbar spine tenderness with positive seated straight leg raising and painful range of motion. There was dysesthesia at L5-S1. He had knee joint line tenderness and pain with flexion. A third Synvisc injection was performed. He was to continue with a home exercise program. He was seen by the requesting provider on 07/02/14. His blood pressure was 132/86. Diagnoses were hypertension with hypertensive cardiovascular disease. Coreg, Diltiazem, lisinopril, clonidine, and hydrochlorothiazide were prescribed. There is correspondence dated 07/07/14 referencing hypertension and medication side effects as causing erectile dysfunction and requesting authorization for Cialis. On 07/30/14 his blood pressure was 162/42. He had a normal EKG. Authorization for Cialis 10 mg #12 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10mg/#12 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Assessment Approaches Page(s): 6.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for right knee pain and hypertensive cardiovascular disease. Sexual dysfunction occurs for multiple reasons which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, the prescribing of Cialis appears to be on an empiric basis. Identification of the reason for and treatment of the claimant's erectile dysfunction would be the expected management. Cialis 10mg #12 with 4 refills is not medically necessary.