

Case Number:	CM14-0044602		
Date Assigned:	07/02/2014	Date of Injury:	03/08/2011
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 36-year-old male was reportedly injured on March 8, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of low back pain and left leg pain. Current medications include Norco and Soma. The physical examination demonstrated no tenderness over the lumbar spine. There was decreased lumbar spine range of motion and decreased left lower extremity muscle strength of 3/5 to 4/5. Distal sensation of the left lower extremity was intact, and there was a positive left sided straight leg raise test. Diagnostic imaging studies of the lumbar spine, dated October 19, 2011, showed a severe left sided paracentral disc extrusion compressing the descending nerve roots at L4-L5 as well as a disc extrusion at L3-L4 and a disc protrusion at L5-S1. A new MRI of the lumbar spine, dated January 4, 2014, showed evidence of a recurrent disc protrusion at L3-L4, L4-L5, and L5-S1. Nerve conduction studies, dated February 4, 2013, showed a chronic L5 and S1 radiculopathy. Previous treatment included pain medications, physical therapy, epidural steroid injections, activity modification, and a discectomy/laminectomy at L3-L4, L4-L5, and L5-S1. Medications provided during this visit include Norco, Ambien, and Percocet. A request was made for Cialis and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20 mg 1 po q.48 hrs. prn ED #15 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: According to the most recent progress note dated June 2, 2014, there was no mention of the injured employee having any issues with erectile dysfunction, or its potential relation to the injury. Considering this, this request for Cialis, this is not medically necessary.