

Case Number:	CM14-0210081		
Date Assigned:	12/23/2014	Date of Injury:	05/12/2009
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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:

Patient is a 57 year-old male with date of injury 05/12/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, list subjective complaints as pain in the left shoulder. Patient also complains of significant sexual side effects caused by his taking Cymbalta and Abilify. Patient is status post left shoulder rotator cuff tear repair in 2013. Objective findings: Examination of the left shoulder revealed diffuse tenderness to palpation along the left biceps with ropey fibrotic banding. There was also tenderness to palpation along the left deltoid. Range of motion was restricted in all planes. Tinel's test was positive. Spurling's was negative. Patient was unable to perform Phalen's due to pain limitation. Diagnosis: 1. Pain I joint involving shoulder region. 2. Adhesive capsulitis of shoulder. 3. Rotator cuff sprain. 4. Sprain of unspecified site of shoulder and upper arm. The medical records supplied for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 11/03/2014. Medication: 1.Cialis Tab 20mg, #15 SIG: one tablet daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS TAB 20MG #15: 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 Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: The Medical Treatment Utilization Schedule and the Official Disability Guidelines are silent on the use of erectile dysfunction agents in the workers' comp setting. Alternative guidelines were selected. Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction 2. No concurrent use of nitrates 3. Any one of the following: a. Member is 55 years of age or older. b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease). c. Documentation of a normal testosterone level. d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product. e. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request). In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met: 1. Diagnosis of BPH 2. Inadequate response or inability to tolerate an alpha blocker. Documentation in the patient's medical record fails to meet the above inclusion criteria. CIALIS TAB 20MG #15 is not medically necessary.