

Case Number:	CM14-0213631		
Date Assigned:	12/31/2014	Date of Injury:	04/19/2010
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 31 year old male who was injured on 4/19/2010 involving his left knee and low back. He was diagnosed with displaced lumbar intervertebral disc. He was treated with medications, physical therapy, acupuncture, lumbar surgery, and left knee arthroscopy/menisectomy. It was claimed that the worker had erectile dysfunction as a result of his disc herniation, which led to a prescription of Cialis by a urologist which gave him partial relief. On 11/24/14, the worker was seen by his treating physician reporting left knee and lumbar spine pain with radiation to legs all rated 1-8/10 on the pain scale depending on aggravating factors such as stooping, bending, squatting, etc. He reported his feet being hypersensitive to touch and weight-bearing with tingling in 2 medial toes. He reported using Percocet, Norco, and Advil for his chronic pain. Physical examination findings included normal is normal with toe and heel walking intact, positive tarsal Tinel's test is positive on the left medial branch of the plantar nerve and negative on the right, tenderness of the plantar aspect of both feet with a complaint of tingling. Right foot arch is down moderately with increased pronation of the right forefoot compared to the left which has slight pronation. He was then recommended to have a lumbar spine MRI, custom orthotics, continuation of his Norco and Percocet, acupuncture, and continuation of his Cialis for his erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Plastozone Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic devices

Decision rationale: The MTUS ACOEM Guidelines state that ridged orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG states that orthotic devices are recommended for plantar fasciitis, heel spur syndrome, plantar fasciosis, and foot pain in rheumatoid arthritis. Orthoses should be continuously prescribed in treating plantar heel pain for those patients who stand for long periods as heel pads and stretching exercises are associated with better outcomes than custom orthoses. A prefabricated shoe insert is more likely to produce improvement in symptoms of plantar fasciitis when used in conjunction with a stretching program than using custom orthoses. Semi-rigid foot orthotics appear to be more effective than supportive shoes worn alone or worn with soft orthoses for metatarsalgia. It is recommended to trial a prefabricated orthotic insert before considering a custom orthotic. Bilateral orthotic are not recommended to treat unilateral ankle-foot problems. In the case of this worker, there was clear evidence for a flattened arch associated with foot pain where an orthotic at least on the right foot would be warranted. However, a request for custom orthotics seems premature, considering there was no evidence presented showing the worker had tried high quality prefabricated orthotics first. Therefore, the request for custom orthotics at this time is not medically necessary.

Cialis 20mgs one tab TIW #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Urological Association Guidelines/Management of Erectile Dysfunction (June 2007)<http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines.cfm>

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: Medscape: Cialis (<http://reference.medscape.com/drug/adcirca-cialis-tadalafil-342873>)

Decision rationale: The MTUS Guidelines do not address Cialis use. Cialis is used for erectile dysfunction, benign prostatic hyperplasia, and pulmonary arterial hypertension. The worker in this case, was reported first prescribed Cialis for erectile dysfunction after seeing a urologist. His erectile dysfunction was reportedly related to his low back pain/injury, however, there was no evidence to support this claim (no MRI imaging, nerve testing, or urologist report). Without any evidence to support the connection of this medication and the worker's injury in 2010 involving

his knee, the continuation of Cialis cannot be justified. Therefore, the Cialis is not medically necessary.