

Case Number:	CM14-0095288		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2003
Decision Date:	06/11/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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:

The injured worker is a 48 year old, male who sustained a work related injury on 6/26/03. The diagnoses have included lumbar strain/sprain, right leg radiculopathy, positive discogram with annular fissuring at L3-4 and L4-5, erectile dysfunction secondary to chronic opiate use and reactionary depression/anxiety. The treatments have included use of spinal cord stimulator, physical therapy, oral medications, Lidoderm patches, aqua therapy, use of a back brace and home exercises. In the PR-2 dated 6/2/14, the injured worker complains of ongoing low back pain that radiates down both legs. He rates his pain level at 7/10. His spinal cord stimulator provides about 60% pain relief. He states that physical therapy and aqua therapy has improved his balance, endurance and strength. He has tenderness to palpation of lumbar paravertebral musculature with rigidity. He has decreased range of motion in lumbar spine. He has decreased sensation along the posterior lateral thigh and posterior calf bilaterally in approximately the L5 distribution. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Efficacy Assessment Subcommittee of

the American College of Physicians, Hormonal treatment of erectile dysfunction: a clinical practice guideline from the American College of Physicians. Ann Intern med 2009 November 3; 151(9) 630-49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHFS Monograph for Cialis assessed on Drugs.com.

Decision rationale: MTUS guidelines and the ODG do not address the use of Cialis, therefore other guidelines were referenced. According to available guidelines, Cialis may be an appropriate medication for the treatment of erectile dysfunction when other urologic causes have been ruled out, including low testosterone. There is no accompanying documentation in this case to support the need for Cialis in the injured worker. The request for Cialis is determined to not be medically necessary.