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| Case Number: | CM15-0122287 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 12/31/2012 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male, who sustained an industrial injury on December 31, 2012, incurring low back injuries. He was diagnosed with lumbosacral spondylosis, lumbar radiculopathy, and sciatica. Treatment included chiropractic sessions, nerve blocks, physical therapy, acupuncture, proton pump inhibitor, pain medications, topical analgesic gel, neuropathic medications, oral steroids, anti-inflammatory drugs and work restrictions. The injured worker underwent a lumbosacral discectomy in May 2014. Currently, the injured worker complained of depression and anxiety secondary to his pain disorder. His chronic pain symptoms had impacted his activities of daily living including, shopping, working, and yard work, cooking, running errands, a normal sex life and attending church. The treatment plan that was requested for authorization included a prescription for Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Cialis 5 mg tab Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.drugs.com/pro/ cialis.html].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/drug-tadalafil/article_em.htm.

Decision rationale: Tadalafil relaxes muscles and increases blood flow to particular areas of the body. Tadalafil under the name of Cialis is used for the treatment of erectile dysfunction. There is no recent documentation that the patient has impotence or any impotence resulting from erectile dysfunction. Therefore, the prescription of Cialis 5mg is not medically necessary.