

Case Number:	CM15-0046595		
Date Assigned:	03/18/2015	Date of Injury:	12/26/2001
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, California
 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:

This is a 52 year old male patient, who sustained an industrial injury on 12/26/2001. He sustained the injury due to involved in motor vehicle accident. The diagnoses have included chronic low back pain status post L3-S1 fusion 2007; hardware removal 2010, and status post L5-S1 fusion 2014, chronic right sided neck pain, erectile dysfunction secondary to chronic pain syndrome, and left knee pain. Per the doctor's note dated 2/4/2015, he had complains of ongoing neck and back pain. The physical examination revealed tenderness to cervical and lumbar paraspinal muscles, slow ambulation using a cane. The medications list includes oxycontin, norco, pristiq and colace. The plan of care included continued medication therapy and a new prescription for Cialis 20 mg. He has undergone L3-S1 fusion in 2007; hardware removal in 2010, and L5-S1 fusion in 2014. He has had cervical MRI in 6/2005; CT lumbar spine in 8/5/2009. He has had physical therapy, epidural injections, and radiofrequency ablation for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: 2010 Revision, Web Edition; Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thomson Micromedex FDA labeled indication of cialis-Tadalafil.

Decision rationale: Request: Cialis 20mg #12. Cialis contains tadalafil. Per the Thompson Micromedex guidelines cited below, FDA labeled indication for Tadalafil includes Benign prostatic hyperplasia, Benign prostatic hyperplasia - Erectile dysfunction, Erectile dysfunction, Pulmonary hypertension. Evidence of benign prostatic hyperplasia or pulmonary hypertension is not specified in the records provided. Response to the previous use of Tadalafil is not specified in the records provided. Any USG report or physical examination documenting BPH is not specified in the records provided. The medical necessity of Cialis 20mg #12 is not medically necessary and appropriate.