

Case Number:	CM15-0079978		
Date Assigned:	04/30/2015	Date of Injury:	11/01/2000
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on 11/1/2000. The injured worker was diagnosed as having bursitis shoulder, displacement intervertebral disc without myelopathy. Treatment to date has included right ulnar nerve release (2/18/08) and medications. Diagnostics include results of EMG/NCV right upper extremity (9/24/08). Currently, the PR-2 notes dated 11/24/14 indicated the injured worker complains of increased symptoms right upper extremity since last visit with increased numbness and tingling in digits 4/5 and grip weakness. Objective findings for right elbow positive Tinel's to percussion over ulnar nerve with decreased grip. The treatment plan includes a brief course of occupational therapy for the right upper extremity two times a week for four weeks to increase function and strength, continue all current medications and prescription for Cialis for erectile dysfunction secondary to chronic low back pain as well as side effects of other medications. He was scheduled to return to the office in 6 months. The provider has requested POS/CIALIS tab 5mg day supply #30 with refills 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS/CIALIS tab 5mg day supply: 30 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cialis.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low and Upper Back, Opioids.

Decision rationale: The CA MTUS did not address the indications for the use of Cialis. The ODG guidelines noted that the chronic use of opioids can be associated with hypogonadism and erectile dysfunction. The records did not show documentation of comprehensive evaluation for causes or prior treatments for the erectile dysfunction. There is no documentation of evaluation by a urologist. The guidelines recommend that medications complications be first management reduction of the doses or rotation to other medications. It was not stated if the patient was on high dose opioid as there was no medications list provided. The criteria for the use of Cialis 5mg per day #30 with 3 refills was not met. Therefore, the requested treatment is not medically necessary.