

Case Number:	CM15-0090013		
Date Assigned:	05/14/2015	Date of Injury:	05/29/2012
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 40-year-old male, with a reported date of injury of 05/29/2012. The diagnoses include lumbar disc displacement, lumbosacral neuritis, and lumbar spinal stenosis. Treatments to date have included electrodiagnostic studies on 12/03/2014; oral medications; topical pain medication; and lumbar fusion. The progress report dated 04/01/2015 was handwritten. The report indicates that the injured worker had constant low back pain with radiation to the left hip, left leg, left foot, and numbness to the left foot. The objective findings include mild distress, limping, tenderness to the lumbar spine, decreased sensation to the dorsum of the left foot, and weakness to the left foot. There was no documentation of a diagnosis of erectile dysfunction or anxiety/panic attack. The treating physician requested Cialis 5mg #15 and Xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15306109.

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 documentation that the patient has impotence resulting from erectile dysfunction. Therefore, the prescription of Cialis 5mg #15 is not medically necessary.

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no report of anxiety and depression and the use and failure of antidepressant was not documented. Therefore, the use of Xanax is not medically necessary.