

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: Select Date

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/15/2013  
Date of Injury: 12/26/2001  
IMR Application Received: 8/9/2013  
MAXIMUS Case Number: CM13-0009418

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in and is licensed to practice in California. 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 physician 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/services.

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male who reported a work related injury on 12/26/2001. Subsequently, the patient presents for treatment of the following diagnoses: chronic low back pain, status post hardware removal as of 06/04/2010, prior lumbar anterior posterior fusion from L3-S1 as of 03/2007, history of radiofrequency ablation right lower lumbar spine 04/2004, chronic back pain syndrome, negative EMG nerve conduction study, chronic right-sided neck pain, erectile dysfunction due to chronic pain syndrome, CT of the lumbar spine from 08/05/2009 shows mild disc bulging combination of facet ligamentum flavum hypertrophy causing mild L2-3 and L3-4 spinal stenosis, left knee pain, and x-rays from 02/07/2011 showed bipartite patella. The clinical note dated 06/19/2013 reports the patient was seen in clinic under the care of Dr. [REDACTED]. The provider documents the patient continues to have cervical spine and low back pain. The patient rates his pain at a 7/10 to 8/10 without medications and 3/10 to 4/10 with medications. The patient reports numbness and tingling radiating down the back of the leg. The patient was requesting refills of Cialis. The patient's current medication regimen includes OxyContin 20 mg by mouth 4 times a day, Norco 10/325 by mouth 4 times a day, Pristiq per another provider, Robaxin 750 mg by mouth 2 times a day, and Colace. The provider documented, upon physical exam of the patient, he could ambulate on heels and toes, reflexes were 1+, and strength was fairly good, but slightly diminished to the lower extremities.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Cialis 20mg, #10 with four (4) refills is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS Guidelines, web-based edition, which is part of the MTUS and Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination as the previous peer reviewer documented lack of documentation of any damage to genitourinary structures or lesions that would produce an erectile dysfunction that would need supplementation with Cialis. The clinical notes did not evidence the patient signs and symptoms for complaints of erectile dysfunction that would require necessity for Cialis. Currently, after review of the clinical documentation submitted for review, the clinical notes lacked evidence of the patient having undergone any recent diagnostic lab values evidencing a low testosterone level as a result of the patient's chronic utilization of opioids. California MTUS indicates, "Major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short term period, less than 70 days. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." Given the lack of documentation evidencing the patient presents with objective findings of low testosterone requiring utilization of the requested medication regimen, the request for Cialis 20mg #10 with four (4) refills is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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