

Case Number:	CM13-0002344		
Date Assigned:	06/04/2014	Date of Injury:	07/08/2008
Decision Date:	07/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 07/08/2008. The mechanism of injury was not provided. On 06/24/2013, the injured worker presented with voiding and erectile dysfunction. On examination, the injured worker was overweight with moderate back and bilateral flank tenderness. There were no significant abdominal findings. External genitalia was normal to inspection and palpation and there was a benign-feeling, non-tender prostate. The injured worker last saw a urologist in 10/2012; however, he did not have the tests that were requested at that time. The diagnoses were urological work related, voiding dysfunction and impotence organic. Prior therapies were not noted. The provider recommended Cialis 5 mg; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg: 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/pro/cialis.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone replacement for hypogonadism.

Decision rationale: The Official Disability Guidelines state that the etiology of decreased sexual function, a symptom of hypogonadism, is compounded by several factors, including chronic pain, natural occurrence of decreased testosterone that occurs with aging, documented side effects of decreased sexual function that is common with other medication used to treat pain, and comorbid conditions such as diabetes, hypertension, and vascular disease and erectile dysfunction. The examination of the injured worker was not provided detailing current deficits of erectile dysfunction to warrant the use of Cialis. The injured worker has been prescribed Cialis since at least 01/2014; however, the efficacy of the medication was not provided. The severity of the erectile dysfunction was also not provided. The provider's request did not indicate the quantity or the frequency of the requested medication. As such, the request is not medically necessary.