

Case Number:	CM13-0021859		
Date Assigned:	11/13/2013	Date of Injury:	02/13/1997
Decision Date:	01/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation and Pain Management 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. 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:

This is a male patient with a date of injury of February 13, 1997 through February 13, 1998. A utilization review determination dated August 12, 2013 recommends noncertification of Cialis 20 mg PRN. Noncertification of Cialis is recommended due to, "no documentation of workup for erectile dysfunction." A progress report dated September 3, 2013 identifies subjective complaints stating, "he has actual pain in the neck and low back. He has constant numbness in his forefeet with dysesthetic pain characterized by burning and pins and needles sensation. He is upset that his most recent prescription for Cialis was not authorized. He takes this medication to treat his erectile dysfunction, because without it he is unable to achieve an erection. He is able to get and maintain an erection that is satisfactory for sexual relations at least 75% of the time when he uses this medication. He tolerates it well without any adverse effects." Objective findings identify, "he is casually dressed and well groomed. He has clear sensorium. His affect is normal. He walks with the aid of a single point cane. Blood pressure is 144/72 with pulse 100." Diagnoses include chronic low back pain, post laminectomy syndrome, chronic right hip pain, chronic neck pain, cervical spondylosis without myelopathy, constipation, major depressive disorder, and status post bilateral carpal tunnel release. Current treatment plan states, "he has submitted a request for IMR regarding the denial of Cialis. When I last checked his testosterone level in April 2012, it was borderline at 257, so I shall request authorization to recheck the level. Methadone has a potential to cause hypogonadism. He will continue chronic opioid analgesic therapy, the goals of which are to control his chronic otherwise intractable pain, to improve his tolerance for his daily activities, and to improve his quality of life. He is reporting benefit from long-term opioid therapy in terms of these goals."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg prn: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111. Decision based on Non-MTUS Citation J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>

Decision rationale: Regarding the request for Cialis, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following: 1) the role of chronic pain itself on sexual function; 2) the natural occurrence of decreased testosterone occurs with aging; 3) the documented side effects of decreased sexual function that is common with other medications used to treat pain 4) the role of comorbid conditions such as diabetes, hypertension, and vascular disease and erectile dysfunction. An article in the Journal of advanced pharmacological technological research identifies that there are numerous causes of hypogonadism and erectile dysfunction, and recommend a thorough history and physical examination to differentiate these causes. Within the documentation available for review, there is no indication that the patient has had a thorough workup regarding the etiology of his erectile dysfunction. Therefore, it is unclear whether the patient's erectile dysfunction is related to the industrial injury. Guidelines and peer-reviewed literature clearly recommend a thorough workup prior to the initiation of treatment for erectile dysfunction or hypogonadism. In the absence of such documentation, the currently requested Cialis is not medically necessary.