

<b>Case Number:</b>	CM13-0053881		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of November 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior foot and ankle surgery; psychotropic medications; and sleep aids. In a Utilization Review Report of November 1, 2013, the claims administrator denied a request for Cialis, stating that there was no evidence of central nervous system condition or spinal cord injury which would substantiate the need for Cialis. The applicant's attorney subsequently appealed. A November 4, 2013 progress note is notable for comments that the applicant is having issues with depression, insomnia, and erectile dysfunction. Wellbutrin, Tenormin, and Cialis were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 10mg, PRN # 15:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association (AUA), Erectile Dysfunction Treatment Guidelines Statements.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Urologic Association (AUA), oral phosphodiesterase type 5 inhibitors such as Cialis should be offered as a first-line of therapy for erectile dysfunction. In this case, the applicant does have ongoing issues with erectile dysfunction, seemingly brought about by psychological stress. Continued usage of Cialis, a phosphodiesterase inhibitor, is indicated and appropriate to treat the same. The request for Cialis 10 mg, PRN # 15 is medically necessary and appropriate.