

<b>Case Number:</b>	CM13-0056931		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 5'10", 185 lbs, 40 year-old male who was injured on 1/29/2013 when he slipped and fell. According to the initial orthopedic evaluation, on 8/5/13, he has been diagnosed with lumbar sprain, left lumbosacral radiculopathy, left knee contusion, sprain, as a compensable consequence from falling from the back spasm and left leg giving way. On 9/20/13 he was diagnosed with chronic pain syndrome. On 10/31/13 utilization review denied a prescription for Cialis. The 10/23/13 report from [REDACTED] is the first report available the lists Cialis, but does not provide a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 5mg #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration website.

**Decision rationale:** The patient slipped and fell at work on 1/29/13 and injured his back. He was sent through various physicians and provided medications for pain management, but the

symptoms progressed to all extremities and whole spine pain, and by 9/20/13 he was diagnosed with chronic pain syndrome. The 8/5/13 report from [REDACTED] notes a family history of diabetes and prostate cancer. Review of systems mentions pain in legs, chest, arm, neck back, and sexual difficulties. The details of sexual difficulties was not discussed. The first report prescribing Cialis appears to be 10/23/13, but there is no rationale provided. The FDA labeled indication for Cialis is for ED or BPH. The 10/23/13 does not provide a discussion of ED or BPH or provide an evaluation. The 11/20/13 report does not describe ED or BPH symptoms. Based on the available reporting, the request for Cialis for unknown use on a patient that is not reported to have ED or BPH symptoms does not appear to be in accordance with the FDA labeled indications.