

Case Number:	CM13-0057338		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2010
Decision Date:	07/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 Geriatrics and is licensed to practice in New York. 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 52 year old man with a date of injury of 12/21/10. The most recent note in the records is from July 18, 2013 when he was seen in a follow up for bilateral knee pain and rib pain. His sleep and mood were said to be fairly stable with medications. He was recently started on psychiatric medications and his current medications included vicoprofen, voltaren gel, hydrocortisone cream, flector patch, ambien, buspar, paxil and xanax. His physical exam was unremarkable. His diagnoses were 'old disrupt med collat', osteoathrosis left leg, anxiety state and depressive disorder. There is no mention in the available records of a prescription for cialis which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20MG #10: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: This injured worker has a diagnosis of anxiety and depression and is on chronic opioids. There is no mention in the records of erectile dysfunction (ED). Cialis is a phosphodiesterase Type 5 inhibitor and is a first line treatment for ED. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Cialis is used in erectile dysfunction, this worker may have ED related to the side effects of opioids. There is no supporting diagnosis or information in the available records to substantiate the medical necessity of Cialis.