

Case Number:	CM13-0057523		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2012
Decision Date:	07/07/2014	UR Denial Date:	11/18/2013
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 Internal 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 patient is a 49-year-old male with a 5/21/12 date of injury; after being attacked and sustaining a head injury. The patient was noted to have severe suicidal ideation and has been followed by a psychiatrist for that. His diagnosis is cervical strain and post-traumatic stress syndrome. The patient requested Cialis in May of 2013, and is noted he was on Viibryd, Latuda, Prazosin, Klonopin, and Cialis daily. Zoloft, and SSRI, was added in August 2013. He was seen on 9/4/13 with complaints of anxiety and depression. The patient's sexual effects were not mentioned. His medications at that time were Viibryd, Prazosin, Klonopin, and Paxil. A UR decision dated 11/18/13 denied the request given the patient reported sexual side effects from his antidepressants, and the patient could be tried on other antidepressants that may not affect his sexual function.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20MG, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Cialis).

Decision rationale: The FDA states that Cialis is indicated for the treatment of erectile dysfunction (ED), for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH), and for the treatment of ED and the signs and symptoms of BPH (ED/BPH). In this case, the patient is on Paxil, which can cause sexual side effect, but there are other antidepressants that do not cause sexual side effects. The patient is noted to be on Prazosin, but there is no recent mention of the severity of the patient's BPH. In addition, daily use of Cialis is not necessary as the patient's sexual frequency was not discussed. Therefore, the request for Cialis is not medically necessary and appropriate.