

Case Number:	CM13-0062522		
Date Assigned:	12/30/2013	Date of Injury:	03/19/1998
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Psychiatry 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 66 year old male with a date of injury of 03/19/1998. Date of UR decision was 11/25/2013. The mechanism of injury is unavailable. The injury resulted in Psychiatric symptoms. Progress report by Psychiatrist on 11/05/2013 reflects that he was receiving treatment for Anxiety State NOS 300.0, in form of supportive psychotherapy and medication management. The medications that have been prescribed for the injured worker were Pristiq 200 mg, which he was on for 3 years, and it stopped helping. Thus he was being cross titrated to vibryd 10 mg with plan to gradually increase to 40 mg, latuda 50 mg qhs, nuvigil 250 mg, klonopin 0.5 mg bid pm, Cialis 2.5 mg for sexual side effects from psychotropic medications, Intermezzo 3.5 mg SL for insomnia as prescribed by his Psychiatrist. The progress report that the same date states "he remains totally disabled from gainful employment". Progress report from the Psychiatrist dated 12/12/2013, states that injured worker is "very anxious, irritable, very distraught and despondent as he was upset that some of his medications are not being approved for no good reason".

IMR ISSUES, DECISIONS AND RATIONALES

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

. **Cialis 2.5mg, QTY 30:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), intended for Cialis.

Decision rationale: MTUS is silent on this issue. Cialis drug, first intended for the treatment of erectile dysfunction (ED), received US FDA approval in 2011 for another two indications: For the treatment of Benign Prostatic Hyperplasia (BPH), and BPH and ED together. The injured worker has been experiencing sexual side effects with antidepressant medication. Per the documentation reviewed from 11/05/2013, it is evident that the current medications are not helping him with depression anyway. Thus switching to another antidepressant with lower risk of sexual side effects can be tried. Prescription of Cialis is not medically necessary at this time.