

Case Number:	CM13-0062532		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2010
Decision Date:	03/28/2014	UR Denial Date:	11/07/2013
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 Internal Medicine 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 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 claimant is a 56 year old male who sustained a work related injury on 06/10/2010. The claimant was employed as a narcotics agent for [REDACTED] and the mechanism of injury occurred due to cumulative trauma. He has diagnosis of chronic pain related to knee pain, heart, internal organ, bilateral feet, and left shoulder pain. In addition, he has medical diagnoses of diabetes, hypertension, gastroesophageal reflux disease, left atrial enlargement, left ventricular hypertrophy, and sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5 mg, for one year: 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 Medscape Internal Medicine: Treatment of Erectile Dysfunction 2013.

Decision rationale: The Physician Reviewer's decision rationale: Tadalafil is a PDE5 inhibitor marketed in pill form for treating erectile dysfunction(ED) under the name Cialis. The medication can be used on an as needed basis or in a daily formulation. The daily formulation

also is indicated for the treatment of benign prostatic hypertrophy (BPH). There is no documentation provided indicating the claimant work related injuries has resulted in erectile dysfunction. He has a history of diabetes and testosterone deficiency. The literature indicates that one third of diabetic males are testosterone deficient. He is on testosterone replacement therapy with Androgel. Testosterone replacement may still require the use of PDE5 inhibitors for the treatment of erectile dysfunction. There is no specific correlation between the claimant's work related injuries and his symptoms of sexual dysfunction. His sexual dysfunction may well be related to his diabetes. The medical necessity for the requested item has not been established. The requested item is not medically necessary.