

<b>Case Number:</b>	CM14-0017371		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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, has a subspecialty in Pulmonary Diseases 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 injured worker is a 47-year-old male who reported an injury on 07/08/2008. The mechanism of injury was not provided for review. The injured worker was evaluated on 07/29/2013. It was documented that the injured worker started on Cialis 5 mg and had an improvement in voiding dysfunction and ejections. Physical findings included a well-preserved worker with no external genital abnormalities and a normal prostate. Treatment plan at that time was continue Cialis and refer the injured worker to a urologist. The injured worker was evaluated on 01/27/2014. It was documented that the injured worker had not been taking Cialis and the injured worker's symptoms remained unchanged. The injured worker had episodes of incontinence 2 to 3 times a week. The injured worker's diagnoses included voiding dysfunction and organic impedance. The injured worker's treatment plan included continuation of the use of Cialis, as it reportedly worked in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID-BCD8F8AB-81A2-4891-83DB-24A0B0E25895](http://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID-BCD8F8AB-81A2-4891-83DB-24A0B0E25895).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) AND [HTTP://WWW.RXLIST.COM/CIALIS-DRUG/INDICATIONS-DOSAGE.HTM](http://www.rxlist.com/cialis-drug/indications-dosage.htm).

**Decision rationale:** The requested Cialis 5 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. An ongoing resource, rxlist.com, indicates that this medication is appropriate for injured workers that have erectile dysfunction or benign prostatic hyperplasia. The clinical documentation submitted for review does indicate that the injured worker has previously taken this medication. It was documented that on the medication, the injured worker had an improvement in symptoms with urinary urgency incontinence 2 to 3 times a week. The injured worker's most recent documentation from 01/27/2014 indicated that the injured worker had not been taking the medication and continued to have 2 to 3 episodes of incontinence per week. The clinical documentation does not provide any evidence of effectiveness, as there was no change in symptoms with use, compared to when the injured worker was not taking the medication. Additionally, the request as it is submitted does not provide a frequency or quantity. Therefore, the appropriateness of the request itself cannot be determined. As there is no indication of efficacy of this medication, continued use would not be supported. As such, the requested Cialis 5 mg is not medically necessary or appropriate.