

<b>Case Number:</b>	CM14-0166963		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/07/2003
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Family Practice 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:

42 year old male claimant sustained a work injury on 5/7/03 involving the left knee and right shoulder. He was diagnosed with a left knee strain, and right shoulder superior glenoid labrum lesions (SLAP) tear. He underwent arthroscopic knee and left shoulder. A progress note on 3/26/14 indicated the claimant had erectile dysfunction which was attributed to chronic pain (distraction) and depression. He had been on non-steroidal anti-inflammatory drugs (NSAIDs) for pain and anti-depressants. The physician recommended the use of Cialis 20 mg tablets. A progress note on 8/7/14 indicated the claimant had been seeing a psychiatrist. Examination or subjective findings did not involve any genitourinary aspects. The physician recommended a trial of Revatio to replace Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reviato 20mg 1-2 tabs prn #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, chronic opioid use can lead to hypogonadism and possible low testosterone. In this case, the claimant had not been on opioids. The evaluation of erectile dysfunction including behavioral modification and adjustment of antidepressants to alter the decreased libido side effects was not noted. There is no indication that Revatio is superior to Cialis for erectile dysfunction. The request for Revatio is not medically necessary.