

<b>Case Number:</b>	CM14-0170977		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/16/2007
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Emergency 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:

Patient with reported date of injury on 7/16/2007. No mechanism of injury was provided for review. Patient has a diagnosis of post L4-5 spinal fusion in 2009, L4-5 severe spinal stenosis with facet arthrosis, R S1 radiculopathy, back spasms, urinary incontinence, urgency, erectile dysfunction, depression and R shoulder rotator cuff tear. Medical reports reviewed. Last report available until 10/10/14. Patient complains of back pains radiating to R leg. Associated with numbness and burning sensation. Also complains of shoulder and neck pains. Difficulty sleeping and depression is a concern. Objective exam reveals normal neck exam, R shoulder with limited range of motion. Positive impingement sign. Crepitus noted. Low back exam reveals limited range of motion, R straight leg raise positive. Decreased sensation to R lateral calf and bottom of foot. Disuse atrophy of R thigh. Note from 9/3/14 note from primary treating provider states that Cialis was recommended by urologist "to see if this will help improve some of the symptoms..." Medications include Oxycodone, Lyrica, Flexeril, Pristiq, Nortriptyline, Abilify, Trazodone and Klonopin. Independent Medical Review is for Cialis 5mg #30. Prior UR on 9/15/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 5 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; 2006 May

**Decision rationale:** Cialis and other treatment of impotence is not a topic that is covered by the MTUS Chronic pain, ACOEM guidelines of Official Disability Guidelines. National guidelines were reviewed instead. As per guidelines by the American Urologic Association, initial management of impotence should begin with management and identification of organic comorbidities and psychosocial dysfunctions before usage of medications such as Cialis. Patient has significant psychological comorbidities to sexual dysfunction such depression that has not been appropriately managed. There is no appropriate documentation of conservative treatment or management before usage of medications. Cialis is not medically necessary.