

<b>Case Number:</b>	CM14-0025233		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/15/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Disease 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 50-year-old male who reported an injury on 10/15/2001. The mechanism of injury reportedly occurred when he smashed his index finger while transferring an inmate. The clinical note dated 05/20/2014 noted the injured worker presented with increased neck and low back pain, with radiating numbness down the arms and right leg. Prior treatment included medication, surgery, and injections. The medications included Lunesta, Lamictal, Prilosec, and Vicodin. Upon exam, there was noted depression and anxiety. The diagnoses included thoracic strain, cervical strain, lumbar strain, thoracic disc protrusion, chronic pain, and depression. The provider recommended Cialis 10 mg with a quantity of 10 x 6. The provider's rationale was that the pain medication prescribed was causing the injured worker to have erectile dysfunction. Request for authorization form was dated 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 10 MG #10 X6:** 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 Official Disability Guidelines (ODG) Pain, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The Official Disability guidelines state that etiology of decreased sexual function, a symptom of hypogonadism, can be confounded by several factors including chronic pain, natural occurrence of decreased testosterone that occurs with aging, documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs) and comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. The provider stated that injured worker has been prescribed Cialis since 04/09, and the Cialis has been effective for the medication induced erectile dysfunction. However, detailed documentation was not provided detailing the medication which is thought to have caused this diagnosis, whether that medication was discontinued or adjusted, or whether the injured worker has tried and failed any first line medications prior to use of Cialis. The injured workers current medication regimen do not include documented side effects or evidence of the injured worker being prescribed an SSRI, tricyclic antidepressant, or anti epilepsy drugs, which are listed to have possible adverse effects to include sexual dysfunction. As such, the request is not medically necessary.