

<b>Case Number:</b>	CM14-0027031		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male injured on 04/07/10 due to an undisclosed mechanism of injury resulting in cervical, thoracic, and lumbar pain. Current diagnoses include cervical/thoracic/lumbar discopathy. The clinical documentation dated 01/21/14 indicates the injured worker presented with persistent pain in the neck aggravated by repetitive motions and prolonged positioning of the neck. The injured worker also reports low back pain aggravated by multiple position changes. The documentation indicates the belief is the injured worker's condition is progressively worsening; he has been placed on temporary total disability and provided a course of acupuncture treatment. The injured worker is awaiting authorization for cervical spine surgery. Medications include Quazepam, Ticadine, and Flexeril. Prior utilization review indicates the injured worker reported sexual dysfunction prior to the initial injury which has worsened following the injury date. Laboratory evaluation was to be performed with ongoing medication management with Cialis. It was also noted in the prior utilization review that the injured worker had reported minimal improvement with the use of Cialis. The initial request for Cialis 20mg tablet #10 with 6 refills was initially non-certified on 02/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 20MG TABLET #10 WITH 6 REFILLS:** 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  
Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction to include the role of chronic pain itself on sexual function; the natural occurrence of decreased testosterone that occurs with aging; the 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 the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. The documentation indicated the injured worker reported minimal benefit with the use of Cialis. Additionally, there were no formal urological evaluations performed to establish the presence or cause of erectile dysfunction. As such, the request for Cialis 20mg tablet #10 with 6 refills cannot be recommended as medically necessary at this time.