

<b>Case Number:</b>	CM14-0033072		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Management and is licensed to practice in Tennessee. 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 is a 59-year-old male who has submitted a claim for mononeuritis, ilioinguinal neuralgia, recurrent depression, stroke, atrial fibrillation, and erectile dysfunction associated with an industrial injury date of 01/30/2002. Medical records from 2013 to 2014 were reviewed. Patient complained of chronic inguinal pain, rated 9/10 in severity and relieved to 5/10 upon intake of medications. Patient likewise reported erectile dysfunction. Gait was normal. Mood and affect were appropriate. Treatment to date has included herniorrhaphy, and medications such as ketamine cream, lactulose, Cialis, methadone, Coreg, Coumadin, Lasix, Valium, losartan, and simvastatin. Utilization review from 02/18/2014 denied the request for Cialis 20mg daily #15 because there was no documentation that patient had erectile dysfunction or benign prostatic hyperplasia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 20MG, #15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/CIALIS.HTML](http://www.drugs.com/cialis.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Cialis).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Cialis (tadalafil) is indicated for erectile dysfunction and benign prostatic hyperplasia. In this case, patient has a known erectile dysfunction since 2012. He was initially prescribed Viagra without noted benefits; hence, it was shifted into Cialis since October 2013. Progress report from 10/22/2013 cited that patient reported benefits upon Cialis use. The medical necessity for continuing its prescription has been established. Therefore, the request for Cialis 20mg, #15 is medically necessary.