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| <b>Case Number:</b>   | CM14-0033129 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 10/19/2001 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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:

This is a 54 year old male claimant who sustained a work injury on 10/19/01 involving the neck, back, arms and wrists. He was diagnosed with cervical/lumbar radiculitis and underwent cervical and lumbar spinal fusion. In addition, he had bilateral carpal tunnel syndrome, depression and occipital neuralgia. His pain had been chronically managed with Opioids and Glucosamine. A progress note on January 8 2014 indicated the claimant had developed erectile dysfunction (ED) secondary to depression and pain sustained from the injury. He had been treated for ED for over a year with Cialis. His depression was treated with SSRIs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 5 mg tablet, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Testosterone Page(s): 82-92, 110.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, testosterone levels can reduce with long-term opioid use, aging; medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs) & comorbid conditions such as diabetes,

hypertension, and vascular disease. Although the claimant had been at risk of low testosterone, the testosterone levels were not provided. In addition, other causes and interventions to determine the specific etiology and treatment options were not investigated. The continued use of Cialis is therefore not medically necessary.