

Case Number:	CM14-0048172		
Date Assigned:	07/02/2014	Date of Injury:	11/08/2004
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Management, 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 58 year old male with chronic low back pain, headache, anxiety, and depression as well as disturbed sleep. He complains of back pain, neck pain, and headaches. The pain is described as burning nerve pain that is constant and radiates into both shoulders. His medications include fentanyl and Dilaudid. The previous utilization review denied Cialis 20mg # 10 tablets due to lack of necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 20 MG. #10 PER MONTH.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.RXLIST.COM/CIALIS-DRUG](http://www.rxlist.com/cialis-drug).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th edition, chapter 253 Current Medical Diagnosis & Treatment, 2014, chapter 23.

Decision rationale: The Medical Treatment Utilization Schedule guidelines do not address the issue. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the references cited below were

consulted. There is no documentation of any details of the complaint. The injured worker is noted to have depression, stress, and disturbed sleep. However, the impacts of these issues on his sexual dysfunction are unknown. Other causes of erectile dysfunction such as low testosterone, coronary artery disease, smoking, alcoholism, and medications (i.e. antidepressants) have not been investigated. There is no evidence of any diagnostic work up to identify the cause of erectile dysfunction in this injured worker. Therefore, the request is not medically necessary.