

Case Number:	CM14-0061629		
Date Assigned:	07/11/2014	Date of Injury:	08/29/1995
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 68-year-old male with an 8/29/95 date of injury. At the time (1/7/14) of the request for authorization for Cialis 20mg with 5 refills, there is documentation of subjective (sexual dysfunction as a result of back pain and difficulties with sciatic involvement) and objective (none specified) findings, current diagnoses (dysthymic mood disorder and depression, mood disorder due to a possible hypogonadal syndrome, pain disorder associated with both psychological factors and general medical condition, and mood personality disorder with dependent, histrionic, and hypochondriacal personality features), and treatment to date (medications (including ongoing treatment with Cialis with benefits)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg with 5 refills.: Overturned

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 Cialis (<http://www.drugs.com/pro/cialis.html>).

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies that Cialis is indicated for the treatment of erectile dysfunction. MTUS-Definitions

identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of dysthymic mood disorder and depression, mood disorder due to a possible hypogonadal syndrome, pain disorder associated with both psychological factors and general medical condition, and mood personality disorder with dependent, histrionic, and hypochondriacal personality features. In addition, there is documentation of sexual dysfunction as a result of back pain and difficulties with sciatic involvement. Therefore, based on guidelines and a review of the evidence, the request for Cialis 20mg with 5 refills is medically necessary.