

Case Number:	CM14-0102982		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2004
Decision Date:	11/19/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 30, 2004. In a utilization review report dated June 16, 2014, the claims administrator failed to approve a request for Cialis. The claims administrator referenced an RFA form received on June 6, 2014 and progress notes interspersed throughout April and May 2015 in its determination. The applicant's attorney subsequently appealed. On a November 1, 2012 progress note, the applicant was given diagnoses of erectile dysfunction, hypogonadism, and umbilical hernia. Cialis was endorsed for p.r.n. use purposes. The applicant's complete medication list included MS Contin, Zanaflex, Lipitor, TriCor, OxyContin, Norco, and losartan, it was reported. The request for Cialis was, thus, framed as a renewal request. No seeming discussion of medication efficacy transpired. On a May 12, 2014 prescription form, Cialis was again prescribed, seemingly without any discussion of medication efficacy. On April 21, 2014, the attending provider stated that the applicant's voiding had started to deteriorate on the grounds that he had not received an approval for Cialis. The applicant was using a cane to move about, it was reported. On May 12, 2014, the attending provider reported that the applicant's libido, sexual performance, and voiding were all satisfactory with the aid of Cialis 5 mg. The applicant was given diagnoses of hypogonadism and erectile dysfunction. The applicant's total testosterone was 780. The applicant was given a testosterone injection in the clinic. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Cialis 5mg (related to Urology Injury): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition. McGraw Hill, 2006. Physician's Desk Reference, 68th Edition www.RxList.com.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation U.S. Food and Drug Administration CIALIS®.

Decision rationale: Yes, the request for Cialis, a phosphodiesterase 5 inhibitor, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's progress notes of May 12, 2014, April 21, 2015, and November 1, 2012 all, taken together, suggested that the applicant was using Cialis for ongoing issues with erectile dysfunction and urinary retention associated with benign prostatic hypertrophy. The Food and Drug Administration (FDA) does acknowledge that Cialis is indicated in the treatment of both erectile dysfunction and benign prostatic hypertrophy, i.e., diagnoses which were both reportedly present here. The attending provider stated on May 12, 2014 that the applicant's sexual performance and voiding had both been ameliorated with the aid of Cialis. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.