

Case Number:	CM14-0199457		
Date Assigned:	12/09/2014	Date of Injury:	04/01/2007
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 Acupuncture & Pain 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:

64y/o male injured worker with date of injury 4/1/07 with related abdomen, leg, and upper extremity pain. Per progress report dated 9/23/14, the injured worker reported an increase in pain to 8-9/10. It was noted that there was fibromyalgia pain in those areas. Per physical exam, there was tenderness noted. Motor strength was intact. The injured worker was wearing compressive wraps around the abdomen, left upper extremity and both legs. The date of UR decision was 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg 1 qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012283/>.

Decision rationale: The MTUS and ODG are silent on the use of Cialis. Per the US National Library of Medicine, Tadalafil is used to treat men who have erectile dysfunction (also called

sexual impotence). Tadalafil is also used to treat men who have signs and symptoms of benign prostatic hyperplasia (BPH). Review of the submitted documentation indicates that the injured worker has reported frequent nocturnal awakenings to void and from pain. Taking Cialis reduces the injured worker's need to get up and void. This has helped him to obtain a somewhat better sleep pattern through the night. It is noted that the injured worker also has erectile dysfunction. While it is indicated, the guidelines make no recommendation for the use of this drug. Furthermore, the documentation did not contain urological evaluation, or establish medical reasons related to the industrial injury as to why the injured worker may be having decreased libido or erectile dysfunction. This request is not medically necessary.