

Case Number:	CM15-0101928		
Date Assigned:	06/04/2015	Date of Injury:	06/06/2008
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 06/06/2008. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbago, degenerative joint disease to left knee, chronic pain due to trauma, and pelvic/thigh /hip pain. Treatment and diagnostics to date has included left knee surgeries, rotator cuff surgery, physical therapy, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of neck pain, neck stiffness, headaches, shoulder pain, muscle weakness, left knee pain, and right hip pain. Objective findings include pain in low back, left knee, and left anterior thorax and was noted to have recently broken a left rib and injured his right wrist and left knee after a fall at home. The treating physician reported requesting authorization for Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #30: Upheld

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 AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The patient's date of injury is from 06/06/2008. He presents with left knee, right hip, neck, headaches, and shoulder pain down both legs and muscle weakness. The physician is requesting CIALIS 20MG #30. The RFA dated 04/08/2015 shows a request for Cialis 20mg #30. The patient is currently off work. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. Per the 10/15/2014 report, the patient is complaining of low energy levels and decreased sex drive, all symptoms consistent with Hypogonadism. His problem is aggravated by hypogonadism related to his chronic opioid use. The patient will likely benefit from testosterone replacement therapy. The patient will start testosterone injection treatment 100mg a week which will also help with his energy level. Diagnoses include: lumbago, degenerative joint disease to left knee, chronic pain due to trauma, and pelvic/thigh/hip pain. The physician has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. There is no discussion of ED. Without a statement of medical necessity, a comprehensive examination supporting the diagnosis of ED, or a condition which could cause ED, use of this medication cannot be substantiated. The request IS NOT medically necessary.