

<b>Case Number:</b>	CM15-0102241		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, Florida, 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 injured worker is a 59-year-old male, who sustained an industrial injury on 08/20/2004 secondary to fall resulting in a low back pain. On provider visit dated the injured 01/13/2015 worker has reported penile rash, erectile dysfunction, decreased libido and decreased sensation of his genitalia he was noted have a resolved penile rash. The diagnoses have included erectile dysfunction. Treatment to date has included medication and laboratory studies. The provider requested Cialis (trial) and psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 10-20mg, quantity: 10:** 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 ODG, Pain section, under Viagra and analogues and Other Medical Treatment Guidelines Physician Desk Reference, under Sildenafil and its analogues.

**Decision rationale:** This claimant was injured in 2003, now 11 years ago. As of 1-13-15, there was a penile rash, and erectile dysfunction. The diagnosis for the penile rash is unknown. The Cialis would be a trial. The reasons for the psychological evaluation are not clear. Per the Physician Desk Reference, Cialis is an oral therapy for erectile dysfunction. It is a selective inhibitor of cyclic guanosine monophosphate-specific phosphodiesterase type 5. The medicine releases nitric oxide in the corpus cavernosum during sexual intercourse. Per the reference, workers with traumatic brain injury or significant back injuries have been known to have impotence. In addition, workers with accepted psychological injuries have been found to suffer from sexual dysfunction and may benefit from the medicine. Further, the worker must be screened for contraindications to using this medicine. It is important for the treating physician to review the contraindications to its use, because the potential outcome from the use is death. Those individuals who have died while using such medicines are being reviewed by Pfizer and the Food and Drug Administration. Without evidence, the claimant has a condition where Viagra would aid the effects of the injury, and documentation of screening for the serious contraindications for the medicine, the request is appropriately not medically necessary.

**Psychological evaluation, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for this psychological assessment consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.