

<b>Case Number:</b>	CM15-0145343		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 11-07-2013. He has reported injury to the neck, shoulders, left lower extremity, and low back. The diagnoses have included cervicalgia; chronic back pain; sacroiliitis; post-traumatic stress disorder; major depressive disorder; and chronic pain syndrome. Treatment to date has included medications, diagnostics, psychotherapy, and cognitive behavior therapy. Medications have included Norco, Trazodone, Vibryd, Belsomra, Nuedexta, Cialis, and Xanax. A progress report from the treating provider, dated 05-08-2015, documented a follow-up visit with the injured worker. The injured worker reported the Belsomra is helping him sleep; he has been sleeping better and it is a refreshing sleep; he feels less depressed; he does not enjoy things much; occasional feeling of hopelessness; his energy is still a problem for him; he has psychomotor agitation at times; he is trying to lose weight and has lost about six pounds in the last month; he still has flashbacks from the accident; he has side effects to medications in the form of decreased libido and erectile dysfunction; and he has been compliant with his medications. Objective findings included continuation of medications; and it is strongly recommended that he should go for cognitive behavior therapy, as he did better when he was in therapy. The treatment plan has included the request for Cialis 20mg, #15 for erectile dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg, #15 for erectile dysfunction:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, cialis.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is approved for the treatment of erectile dysfunction. The patient has erectile dysfunction due to medications that are prescribed in the treatment of industrial incident. Therefore, the request is medically necessary.