

Case Number:	CM15-0147881		
Date Assigned:	08/10/2015	Date of Injury:	12/06/2002
Decision Date:	09/11/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 53 year old male who sustained an industrial injury on 12-6-02. In a report dated 7-13-15, the physician notes the injured worker is still having quite a bit of pain in the neck and shoulder. His back is less bothersome and he has less frequent leg pain. He still has elbow pain but it is less frequent. He is still having sexual dysfunction, anxiety, stress and insomnia secondary to pain. Objective findings reveal tenderness across the cervical paraspinal muscles and pain along both shoulders, rotator cuff, biceps tendon and pain in the low back and lumbar paraspinal muscles. The injured worker is noted to have issues with headaches, depression, and erectile dysfunction. The last psychiatric qualified examination was done in June 2005. He has had 3 left shoulder surgeries, 1 right shoulder surgery, transforaminal epidural injections -2003, cervical fusion at C6-C7, nerve studies, cubital tunnel syndrome-transposition, 3 surgeries for a hernia condition and a history of hypertension. A recent MRI shows disc disease at L4-L5 with anterolisthesis of L4 and L5 with facet inflammation status post epidural injection with persistent symptomatology. The treatment plan is an elbow pad, Effexor, Remeron, Trazadone, Norflex, Nalfon, a transcutaneous electrical nerve stimulation unit with conductive garment, Cialis tablets 15mg (#30) for sexual dysfunction related to chronic pain, and 12 chiropractic sessions. The injured worker continues to work as tolerated. The requested treatment is Cialis 15mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline update panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc; 2005. p 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007.

Decision rationale: The patient presents on 07/13/15 with pain in the neck, bilateral shoulders, left elbow, low back, and sexual dysfunction secondary to chronic pain and anxiety. The patient's date of injury is 12/06/02. Patient has no surgical history pertinent to this request. The request is for CIALIS 15MG #30. The RFA is dated 07/13/15. Physical examination dated 07/13/15 reveals tenderness across the cervical paraspinal muscles, bilateral shoulders, bilateral rotator cuffs, bilateral bicep's tendons, and lumbar paraspinal muscles. The patient is currently prescribed Effexor, Remeron, Trazodone, Norflex, and Naflon. Diagnostic imaging pertinent to this request was not provided. Patient is currently working. 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. In regard to the request for Cialis, the provider has not performed a comprehensive physical examination, psychiatric examination, or lab workup to support the diagnosis of erectile dysfunction. Per progress note dated 07/13/15, this patient has undergone psychiatric treatment in the past, though it has been 10 years since the last psychiatric consult and it is not clear if ED was among the conditions addressed. Without a statement of necessity, a comprehensive physical and psychiatric examination supporting the diagnosis of ED, or a separate condition which could cause ED, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.