

Case Number:	CM15-0163938		
Date Assigned:	09/01/2015	Date of Injury:	05/25/2011
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40 year old male with an industrial injury dated 05-25-2011. The injured worker's diagnosis includes vasculogenic erectile dysfunction. Treatment consisted of ultrasound, laboratory studies, prescribed medications and periodic follow up visits. In a progress note dated 07-09-2015, the injured worker presented with erectile dysfunction and sexual dysfunction with loss of libido. The injured worker reported that erectile dysfunction began after industrial injury due to stress. The injured worker also reported worsening of erectile dysfunction after back surgery. Objective findings of male genitalia revealed no lesions, no masses or tenderness and no hernias. The treating physician prescribed Cialis 5mg #30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.rxlist.com/script/main/art.asp?articlekey=3298>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association National Guidelines,

The Management of Erectile Dysfunction (2005) Drogo K. Montague, MD, Co-Chair; Jonathan P. Jarow, MD, Co-Chair; Gregory A. et al.

Decision rationale: Cialis is the brand name of Tadalafil. CIALIS is a phosphodiesterase 5 (PDE5) inhibitor FDA approved for the treatment of: erectile dysfunction (ED), the signs and symptoms of benign prostatic hyperplasia (BPH), ED and the signs and symptoms of BPH (ED/BPH). The CA MTUS and ODG are silent on the Cialis and the treatment of ED. The American Urological Association's (AUA) National guidelines on the treatment of Erectile Dysfunction were used. The AUAs definition of ED is the inability to achieve or maintain an erection more despite the fact that sexual desire and the ability to have an orgasm and ejaculate may well be intact. The UAU recommend for initial management of ED, the identification of organic comorbidities and psychosexual dysfunctions; both should be appropriately treated or their care triaged. The currently available therapies that should be considered for the treatment of erectile dysfunction include the following: an oral phosphodiesterase type 5 [PDE5] inhibitors, intra-urethral alprostadil, intracavernous vasoactive drug injection, vacuum constriction devices, and penile prosthesis implantation. These appropriate treatment options should be applied in a stepwise fashion with increasing invasiveness and risk balanced against the likelihood of efficacy. In this case, the patient does not meet the definition of ED as he is able to achieve and maintain an erection up to two times per week and his providers feel that his libido is decreased with decreased sexual desire due to his underlying medical problems, especially pain. The medical records state that the patient has difficulty concentrating during the act of intercourse; he also states that he is able to have intercourse 2 times a week or more. The record further states that the patients erectile and sexual dysfunction is due to psychological issues as well as a combined with pain syndrome, this does not meet the AUA ED definition. Also, his underlying psychosexual dysfunctions pain has not been appropriately treated prior to initiation of a PDE5 inhibitor. As such, the request for Cialis 5mg #30 is not medically necessary.