

Case Number:	CM15-0169638		
Date Assigned:	09/10/2015	Date of Injury:	09/24/2009
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 62 year old male, who sustained an industrial injury on September 24, 2009. He reported headaches, neck pain, upper back pain, bilateral shoulder pain, low back pain and a left inguinal hernia. The injured worker was diagnosed as having cervical strain with radicular symptoms, bilateral shoulder impingement, thoracic strain, lumbar strain with radiculopathy, left chest injury and left inguinal hernia. Currently, the injured worker complains of neck pain, headaches and low back pain. His current medications include Norco, Topamax, Nitro, Benazepril, Ambien, aspirin and Afrin. He has no report of urinary urgency, no dysuria or change in urine. The injured worker reports he is able to perform activities of daily living such as grooming, bathing, walking and transferring, and maintaining continence. An MRI of the lumbar spine revealed space narrowing at L4-5. His medications were continued and Cialis was initiated for erectile dysfunction on July 29, 2015. Treatment to date has included diagnostic imaging, opioid medications, and psychologist evaluation. A request was received for Cialis 5 mg for erectile dysfunction on July 31, 2015. The Utilization Review physician determined that the request for Cialis 5 mg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg 1 tab po prn #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/12074215>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Per guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including natural decreased testosterone that occurs with aging, side-effect of medications such as certain SSRIs and anti-epileptic drugs, comorbid endocrinological and vascular disorders in erectile dysfunction such as conditions of diabetes, and hypertension. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. Although testosterone replacement may be recommended in limited circumstances in patients taking long-term high-doses of oral and intrathecal opioids, clear exhibition of symptoms and signs of hypogonadism such as gynecomastia must be documented along with low testosterone level identified by testing. Submitted reports have not demonstrated support for this medication as the patient remains on non-opioid regimen without any specific sexual dysfunction complaints, remarkable objective clinical findings, or clinical diagnosis of such. The Cialis 5mg 1 tab po prn #15 is not medically necessary or appropriate.