

<b>Case Number:</b>	CM15-0182790		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained cumulative trauma (CT) industrial injuries from May 21, 2013 through May 21, 2015. He reported neck pain, bilateral shoulder pain and lower back pain. The injured worker was diagnosed as having abdominal pain, acid reflux, rule out ulcer and anatomical alteration, constipation, hypertension, gastropathy, acute cervical strain, lumbar multilevel disc disease, and rule out lower extremity radiculopathy, electrodiagnostic evidence of left lumbar radiculopathy, depression, anxiety, sexual dysfunction with industrial causation and cephalgia. Treatment to date has included diagnostic studies, radiographic imaging, electrodiagnostic studies, medications, cervical spine steroid injection (with 60% relief of pain for 2 months), physical therapy (with no benefit) and work restrictions. Currently, the injured worker continues to report headaches, neck pain with radiating pain and numbness into the bilateral upper extremities, low back pain with radiating pain, tingling and numbness into the left leg and sexual dysfunction with industrial causation. The injured worker reported industrial injuries from 2013 through 2014, resulting in the above noted pain. Evaluation on April 25, 2015, revealed continued pain however the sleep and sexual function examination was left blank. Evaluation on June 5, 2015, revealed continued pain as noted. There was no sexual function exam noted however, the physician requested a serum testosterone blood test, a penile Doppler study and a follow up with the urologist. Evaluation on July 17, 2015, revealed a penile Doppler was performed revealing poor arterial blood flow in the right cavernosal arterial flow on the right. It was noted there is strong evidence for vascular etiology for erectile dysfunction. It was noted he has hypertension that could be associated with erectile dysfunction. It was also noted he had been taking significant amounts of Norco

that may contribute to hypogonadism. It was noted he was provided with Viagra samples and it was also noted he had not tried the Cialis samples dispensed on the last evaluation. Evaluation on August 7, 2015, revealed continued pain as noted. No sexual function exam was performed on that date. The RFA included a request for Cialis 20mg orally as needed prior to sexual activity and was non-certified on the utilization review (UR) on September 2, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cialis 20mg orally as needed prior to sexual activity:** 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), Pain chapter - Opioids for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cialis prescribing information.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in May 2015. He continues to be treated for radiating neck and radiating low back and bilateral shoulder pain and industrially related medical conditions of hypertension, gastropathy, constipation, abdominal pain, and gastroesophageal reflux disease. He was seen for urology evaluation on 07/27/15. He had erectile dysfunction due to venous leaking. He had previously been provided with a prescription for Cialis but had not taken it. The claimant has hypertension and takes HCTA, amlodipine, and losartan. Cialis is indicated for the treatment of erectile dysfunction which is documented in this case after an appropriate evaluation establishing a physiologic explanation for his condition. Cialis is contraindicated when medications include nitrates due to the risk of hypotension. In this case, the claimant has erectile dysfunction and is not taking a nitrate medication. Cialis is considered medically necessary.