MAXIMUS Federal Services

Case Number:	CM15-0185002		
Date Assigned:	09/25/2015	Date of Injury:	07/13/2006
Decision Date:	11/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on July 13, 2006, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar herniation, lumbar stenosis, right leg radiculopathy, and lumbar radiculopathy. The injured worker had a history of benign prostatic hypertrophy and erectile dysfunction, major depression and chronic kidney disease. Treatment included lumbar epidural steroid injection, physical therapy, anti-inflammatory drugs, and pain management. As a result of the injury to the low back he noted increased pain radiating down into the right leg. He had numbness of the right foot and discomfort with sleeping, walking and sitting. Currently, the injured worker complained of persistent low back pain and was certified for lumbar laminotomy, foraminotomy and fusion. On April 1, 2015, the injured worker underwent a lumbar laminectomy, foraminotomy and fusion. The treatment plan that was requested for authorization included a prescription for Cialis 20 mg, #15. On September 15, 2015, a request for a prescription for Cialis was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, under erectile dysfunction medicines and Other Medical Treatment Guidelines Physician Desk Reference, under Sildenafil and its analogues.

Decision rationale: This claimant had a low back injury in 2006. There is a history of benign prostatic hypertrophy and erectile dysfunction. He is post lumbar laminectomy. There was little effect from Viagra. Cialis was said to be effective. No evaluation of the erectile dysfunction, or side effects or risks from the medication is discussed. Cialis is an oral therapy for erectile dysfunction. It is a selective inhibitor of cyclic guanosine monophosphate-specific phosphodiesterase type 5. The medicine releases nitric oxide in the corpus cavernosum during sexual intercourse. Workers with traumatic brain injury or significant back injuries have been known to have impotence. In addition, workers with accepted psychological injuries have been found to suffer from sexual dysfunction and may benefit from the medicine. Sometimes, opiates can caused hypogonadism in an injured individual, leading to erectile dysfunction. Further, the worker must be screened for contraindications to using this medicine. It is important for the treating physician to review the contraindications to its use, because the potential outcome from the use is death, vision loss, and the like. Those individuals who have died while using such medicines are being reviewed by [redacted] and the Food and Drug Administration. Without documentation of screening for the serious contraindications for the medicine, the Cialis would not be recommended as an agent to benefit the claimant from injury effects. The request is appropriately non certified. Therefore, the requested treatment is not medically necessary.