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| Case Number: | CM15-0189306 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 10/02/2003 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/20/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 68-year-old male, who sustained an industrial injury on 10-2-03. He is diagnosed with major depressive disorder, recurrent, moderate. A note dated 8-17-15 reveals the injured worker presented with complaints of mood that is rated at 5 out of 10. He experienced difficulty breathing and was "very" depressed. A physical examination dated 2-23-15 revealed well groomed, fully alert and oriented male who ambulates with the use of a cane. Psychomotor activity was calm, speech unremarkable. His attention and concentration was good. His mood is reported as euthymic. His affect was appropriate, full range, thought process is linear, and goal directed. No suicidal or homicidal ideation, no hallucination or delusions reported. His insight and judgment are fair to good and his impulse control in good. Treatment to date has included medications Effexor and Cialis (for at least 18 months) and psychotherapy. A request for authorization dated 7-31-15 for Cialis 20 mg #10 (retrospective date of service 7-31-15) is denied, per Utilization Review letter dated 8-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cialis 20mg (DOS: 7/31/15) Qty: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per internet search: Tadalafil (Cialis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, there is no indication of a low testosterone. There is no mention of erectile dysfunction. The term sexual dysfunction as described in the chart is broad and vague. The claimant was on Cialis for several months without physical findings of hypogonadism. The continued use of Cialis, therefore, is not medically necessary.