

Case Number:	CM15-0208967		
Date Assigned:	10/27/2015	Date of Injury:	11/13/2014
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: Internal Medicine, 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 57 year old male, who sustained an industrial injury on 11-13-2014. The injured worker was diagnosed as having prostate adenocarcinoma. Treatment to date has included diagnostics and medications. Review of the medical records (per the progress report dated 1-08-2015) indicates that the injured worker was "newly diagnosed prostate adenocarcinoma" and sexual dysfunction had been present for quite some time. Outside medication was noted as Amlodipine. A review of symptoms was positive for erectile dysfunction, "treated with medication", unspecified. He reported that during sexual intercourse it was extremely difficult to maintain an erection to completion of intercourse. On 10-16-2015 Utilization Review non-certified a request for Cialis 5mg #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg (#30 with 5 refills) qty: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/cialis.

Decision rationale: This 57 year old male has complained of sexual dysfunction and prostate adenocarcinoma since date of injury 11/14/2014. He has been treated with medications. The current request is for Cialis. Per the guideline cited above, Cialis is approved for the treatment of erectile dysfunction. There is inadequate documentation provided in the available medical reports of symptoms supporting erectile dysfunction, response to treatment with Cialis thus far, and provider rationale for requesting this medication. On the basis of this lack of documentation, Cialis is not medically necessary in this patient.