

Case Number:	CM15-0028839		
Date Assigned:	02/20/2015	Date of Injury:	05/21/2006
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
 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 48 year old, male patient, who sustained an industrial injury on 05/21/2006. A primary treating office visit dated 01/09/2015 reported subjective complaint of headaches, neck pain, upper and lower back pain, left jaw pain and left knee pain. The patient is still having problems with his sex life and stated also having difficulty getting medications authorized. He is self paying for Norco. Objective findings showed the patient using a walking cane. There is paracervical tenderness from C-2 to C-7 - T-1. There is parathoracic tenderness from T-5 to T12- L1. There is paralumbar tenderness from L1-S1. There are also thoracic and lumbar spasms. Lastly, he is found with bilateral sacroiliac and trochanteric tenderness; left greater. A request was made for medication Cialis 10MG #10. On 01/27/2015, Utilization Review, non-certified the request, noting the Physicians' Desk Reference, indication, treatment of erectile dysfunction was cited. On 02/17/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 10mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug Summary - Cialis,<http://www.pdr.net/drugsummary/ Cialis?druglabelid=2262>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com, Tadalafil: Drug information.

Decision rationale: The request is considered not medically necessary. MTUS and ODG guidelines do not address the use of Cialis. The patient is experiencing sexual dysfunction due to side effects of his psychotropic drugs. There is no documentation that other medications that do not cause sexual dysfunction were used to treat his depression and anxiety. Also, there was no documentation of a work-up for sexual dysfunction in order to rule out other causes. Therefore, the request is considered not medically necessary.