

Case Number:	CM15-0029814		
Date Assigned:	02/24/2015	Date of Injury:	09/06/2006
Decision Date:	04/02/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old, male patient, who sustained an industrial injury on 09/06/2006. A primary treating office visit dated 01/22/2015 reported chief complaints of drug induced constipation, post-operative pain, abnormal gait, chronic back pain and drug induced impotence. He is prescribed the following medications; Cialis, Oxycodone 20MG and Tazanidine 4MG. A request was made for medication Cialis 2.5MG #30. On 02/11/2015, Utilization Review, non-certified the request noting, the website <http://www.webrnd.com/drgus/2/drug-77881/cialis-ral> was cited. On 02/18/2015, the injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 2.5mg tablets quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature:
www.webmd.com/drugs/2/drug-77881/cialis-oral/details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-77881/cialis-oral/details>.

Decision rationale: Pursuant to WebMD, Cialis 25 mg #30 is not medically necessary. Cialis is used to treat male sexual function problems, impotence or erectile dysfunction. In combination with sexual stimulation, Cialis works by increasing blood flow to the penis to help maintain an erection. Cialis is also used to treat benign prostatic hypertrophy. In this case, the injured worker's working diagnoses are the degeneration of intervertebral disc; abnormal gait; lumbosacral nerve root pain; chronic back pain; drug-induced impotence; postoperative pain; drug-induced constipation; and lumbago with sciatica. The documentation does not contain a workup for low testosterone. The injured worker has been on opiates as far back as 2007. The CURES report in the medical record documents the history. Hypogonadism secondary to long-term opiate use can cause impotence. The documentation in the medical record, however, does not address the injured worker's erectile dysfunction, potentially neurogenic or psychological etiologies for erectile dysfunction. The documentation indicates the injured worker was taking Viagra as far back as February 12, 2014 and October 2014. The treating physician changed Viagra to Cialis. However, there was no clinical indication or rationale in the medical record for the change. Consequently, absent clinical documentation with additional workup to rule out secondary causes of impotence, Cialis 25 mg #30 is not medically necessary.