

<b>Case Number:</b>	CM13-0033647		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 46-year-old male who reported a work related injury on 04/16/2010, specific mechanism of injury not stated. Subsequently, the patient is status post an L5-S1 lumbar fusion as of 10/20/2012. Subsequently, the patient presents for treatment of the following diagnoses: cervical spine musculoligamentous injury, lumbar herniated nucleus pulposus with lower extremity radiculopathy, stress and anxiety. The clinical note dated 10/10/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports pain rated at a 7/10. The provider documented the patient reports utilization of Lorcet Plus, Prilosec, Ambien, and Prozac for his pain complaints. The provider documented that the patient maintains sexual interest, however, has an inability to perform secondary to pain. Upon physical exam of the patient, range of motion of the lumbar spine was 35 degrees flexion, 5 degrees extension, bilateral rotation 10 degrees, bilateral flexion 10 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20 mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cialis.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cialis Drug Package insert online.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence any recent lab values of the patient's testosterone level or other lower levels of treatment to assess the patient's erectile dysfunction as far as from a psychological, neurogenic, or vascular point of view. The clinical notes documented the patient reported the inability to maintain sexual interest, however, lack of ability to perform secondary to pain. California MTUS/ACOEM and Official Disability Guidelines do not specifically address this medication; however, the drug package insert for Cialis indicates it is approved to treat erectile dysfunction, the signs and symptoms of benign prostate, hyperplasia and both ED and the signs and symptoms of BPH. Furthermore, the clinical notes failed to document the patient's duration or frequency of use of this medication as well as efficacy. Given all the above, the request for Cialis 20 mg #15 is not medically necessary nor appropriate.