

<b>Case Number:</b>	CM13-0069703		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year-old male patient sustained an injury on 3/4/11 to the bilateral upper extremities and low back. Request under consideration include CIALIS 20MG #10/MONTH. There is reported past medical history of hypertension. The patient is s/p right shoulder surgery on 5/12/11; Left shoulder arthroscopy in November 2011; and bilateral ulnar releases and CTR in July 2011 and October 2011. MRI of the lumbar spine on 3/16/11 showed mild discogenic degenerative disease and facet arthropathy at L5-S1. Report of 11/6/13 from the provider noted patient with pain rated at 9/10 to the shoulder, upper extremities and low back and 6/10 with medications. The patient reported sexual problems secondary to pain. Current medications list Norco, Ambien, Neurontin, and Lexapro with use of TENS unit. No objective findings documented regarding sexual complaints. Diagnoses include low back pain with radiculopathy. Request for Cialis was non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 20MG #10/MONTH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Page(s): 110-111. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) testosterone replacement for hypogonadism (related to opioids), pages 847-848.

**Decision rationale:** MTUS Guidelines state that the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the natural occurrence of decreased testosterone that occurs with decreased testosterone in aging, certain prescribed medications, in addition to comorbid endocrine and vascular disorders such as diabetes and hypertension as with this patient. There is also little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency and long-term safety data of testosterone replacement are not available. There is no specific sexual dysfunction identified by subjective complaints, clinical examination or specific diagnosis to support for use of Cialis. Submitted reports have not adequately demonstrated support for treatment of non-specific sexual problems nor addressed the patient history of hypertension or establish medical necessity for treatment of ED as it relates to this chronic injury without identified lumbar spine surgery with spinal cord injury. The CIALIS 20MG #10/MONTH is not medically necessary and appropriate.