

<b>Case Number:</b>	CM14-0161749		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/28/1996
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

The injured worker is a 52 year old male who reported an injury on 07/28/1996. The mechanism of injury was not provided. He was diagnosed with low back pain, sacral/sacroiliac disorder, and lumbar post laminectomy syndrome. The injured worker's past treatment included medications and surgery. On 09/11/2014, the injured worker reported ongoing low back pain with tingling, weakness, and numbness to bilateral lower extremities. He stated inability to perform activities of daily living. The physical examination stated pain with lateral flexion and decreased forward flexion. The injured worker was on compounded Hydrocodone, Cialis, and Diclofenac. The treatment plan was to refill medications. A request was submitted for Cialis 20 Mg#30. The rationale for was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20 Mg#30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com/Cialis. The Official Disability Guidelines do not address.

**Decision rationale:** The request for Cialis 20 Mg#30 is not medically necessary. According to Rxlist, Cialis is used for erectile dysfunction and for the treatment of signs and symptoms of benign prostatic hyperplasia. The injured worker did not state any concerns about erectile dysfunction or report symptoms of benign prostatic hyperplasia. The physical exam lacked findings of erectile dysfunction or benign prostatic hyperplasia. The clinical documentation did not provide symptoms of erectile dysfunction or benign prostatic hyperplasia and did not address the use of Cialis. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for Cialis 20 Mg#30 is not medically necessary.