

Case Number:	CM14-0026457		
Date Assigned:	06/13/2014	Date of Injury:	11/24/2008
Decision Date:	09/03/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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 applicant has a filed a claim for chronic pain syndrome, chronic shoulder pain, major depressive disorder and erectile dysfunction reportedly associated with an industrial injury of November 24, 2008. In a utilization review report dated February 17, 2014, the claims administrator denied a request for Cialis. Somewhat congruously, in its rationale, the claims administrator stated that Cialis was medically necessary. The decision at the top of the report, however, read non-certified. The claims administrator invoked a variety of non-MTUS Guidelines in its decision making, including the physician's desk preference. These guidelines were not, however, incorporated into the body of the report or the rationale. The applicant's attorney subsequently appealed. On June 8, 2014, the applicant presented with a variety of issues related to depression, anxiety, and sexual dysfunction. It was suggested (though not clearly stated) that the applicant's sexual function had been ameliorated with ongoing usage of Cialis. The applicant is also given prescriptions for Wellbutrin, Abilify, Neurontin and Nuvigil, in addition to Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIALIS 10MG QTY: 30 (30 DAY SUPPLY AS NEEDED): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA) Guideline on the management of erectile dysfunction.

Decision rationale: The MTUS does not address the topic. As noted by the American Urologic Association (AUA), 5-phosphodiesterase inhibitors such as Cialis do represent the first line of therapy for erectile dysfunction, as is apparently present here. The AUA goes on to note that the applicants on 5-phosphodiesterase inhibitors should be periodically followed upon to determine the efficacy of the same. In this case, the attending provider's documentation does suggest that ongoing usage of Cialis have ameliorated the applicant's sexual dysfunction, to some degree. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.