

<b>Case Number:</b>	CM15-0112000		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on January 20, 2011. The mechanism of injury was cumulative stress trauma during the course of employment with the onset of reactive physical and psychiatric symptoms. The diagnoses have included moderate major depressive disorder, psychological factors affecting medical condition, sleep disorder, sexual dysfunction and adjustment disorder with mixed anxiety and depressed mood/chronic. Treatment to date has included medications, radiological studies, medication management, psychiatric evaluations and individual psychotherapy. Current documentation dated March 12, 2015 notes that the injured worker was noted to be very depressed and tearful. The injured worker reported sleeping six hours per night. The injured workers current medication regime allowed the injured worker to better execute functions of daily living. The documentation notes it is essential that the injured worker continues taking the medications as prescribed to prevent regression. The treating physician's plan of care included a request for Cialis 20 mg # 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg 1 qd prn #3:** 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#indications>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Assessment Approaches Page(s): 6.

**Decision rationale:** The claimant sustained a cumulative trauma work injury due to stress in January 2011 and continues to be treated for depression, anxiety, insomnia, social withdrawal, and sexual dysfunction with difficulty maintaining an erection. Medications being prescribed include Prozac, Ativan, Lunesta, and Cialis. Sexual dysfunction occurs for multiple reasons which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, the prescribing of Cialis appears to be on an empiric basis. The claimant's medications may be causing or contributing to his sexual dysfunction. Identification of the reason for and potential treatment of the claimant's erectile dysfunction would be the expected management. Cialis was not medically necessary.