

<b>Case Number:</b>	CM15-0112129		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 52 year old male who sustained an industrial injury on 05/17/2011. There was no mechanism of injury documented. The injured worker was diagnosed with cervicalgia, lumbar degenerative disc disorder without myelopathy, lumbar spinal stenosis, erectile dysfunction and sacroiliitis. Treatment to date has included diagnostic testing, conservative measures, cervical epidural steroid injection, sacroiliac (SI) joint injections, medial branch nerve block and pain medications. There was no indication of surgical interventions performed. According to the primary treating physician's progress report on February 12, 2015, the injured worker continues to experience neck pain in the upper posterior cervical area with radiation to the upper extremities into the hands. The injured worker currently rates his pain level at 6/10. Examination demonstrated severe tenderness at the trapezius with decreased range of motion in all planes. Spurling's, Hoffmann's, Phalen's and Tinel's test were all negative bilaterally. Strength, motor, sensation and deep tendon reflexes were intact. Gait is non-antalgic. Current medications are listed as Norco, OxyContin ER and AndroGel transdermal. Treatment plan consists of the current request for Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20 mg Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79. Decision based on Non-MTUS Citation FDA approved labeling information for Cialis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, p6 Page(s): 6. Decision based on Non-MTUS Citation Cialis Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in May 2011 and continues to be treated for radiating neck pain. When seen, pain was rated at 6/10. There was decreased cervical spine range of motion and severe trapezius muscle tenderness. Medications being prescribed included OxyContin and Norco at a total MED (morphine equivalent dose) of 100 mg per day. AndroGel was being prescribed. 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. Identification of the reason for and treatment of the claimant's erectile dysfunction would be the expected management. Cialis is not medically necessary.