

Case Number:	CM15-0114850		
Date Assigned:	06/23/2015	Date of Injury:	07/01/2000
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
 Certification(s)/Specialty: Urology

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 59 year old male, who sustained an industrial injury on July 1, 2000. He reported a left inguinal hernia. He underwent a left inguinal hernia repair in 2002 and subsequently developed left inguinal pain that was diagnosed as due to nerve entrapment syndrome. The injured worker was diagnosed as having hyperplasia, benign with obstruction. Treatment to date has included a phosphodiesterase type 5 inhibitor and Cialis. On January 22, 2015, the injured worker complains of inability to maintain erection and partial erections that occur with all sexual encounters, which is moderate and unchanged. He had a sudden onset of symptoms 12 years ago following his inguinal hernia surgery. The treating physician noted a nocturnal tumescence monitoring was done in 2010. He was diagnosed with psychogenic and organic erectile dysfunction. His symptoms are aggravated by pain, and relieved by phosphodiesterase inhibitors. Associated symptoms include urination 3-4 times at night with weak stream, hesitancy, and day frequency. Successful erections are achieved with his use of Cialis. He takes no medications for benign prostatic hypertrophy. The treating physician noted he may be a candidate for daily Cialis due to the coexistence of benign prostatic hypertrophy and erectile dysfunction. The physical exam revealed normal bilateral scrotum, small and soft bilateral testicles, normal bilateral Vas Deferens, normal prostate size and normal bilateral seminal vessels. The treatment plan includes Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30 with 11 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cialismd.com/Pages/index.aspx?agree=0>, <http://www.ncbi.nlm.nih.gov/pubmed/20856843>; American Urological Association Guidelines: Management of Benign Prostatic Hyperplasia (BPH); and American Urological Association Guideline: <http://www.auanet.org/education/guidelines/benign-prostatic-hyperplasia.cfm>; Broderick GA, Brock GB, Roehrborn CG, et al. Effects of tadalafil on lower urinary tract symptoms secondary to benign prostatic hyperplasia in men with or without erectile dysfunction. Urology 2010;75:1452-1459.Publication.

Decision rationale: Cialis 5mg. daily is FDA approved for the treatment of BPH and erectile dysfunction. Since this patient has both conditions, this treatment is appropriate and indicated. Therefore the request is medically necessary.