

<b>Case Number:</b>	CM15-0121811		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	10/20/2004
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: California, North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury to the right shoulder on 10/20/04. Previous treatment included right shoulder superior labral anterior posterior repair and rotator cuff repair, physical therapy, functional restoration program evaluation and medications. Documentation did not disclose recent magnetic resonance imaging. In a visit note dated 5/29/15, the injured worker complained of ongoing right shoulder pain with radiation through the right upper extremity. The injured worker reported a 50% decrease in pain with his current medication regimen allowing him to complete his activities of daily living. Physical exam was remarkable for normal muscle tone without atrophy to all extremities. Current diagnoses included shoulder joint pain. The treatment plan included prescriptions for Capsaicin cream, Diclofenac cream, Naproxen Sodium and Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 tablets of Cialis 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, Tadalafil, Online database.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA & Drugs Website.

**Decision rationale:** The claimant has chronic right shoulder pain and the request is for Cialis 10 mg, #10. Cialis is indicated for the treatment of erectile dysfunction (ED) and symptoms of benign prostatic hypertrophy (BPH). The CA MTUS/ACOEM and ODG guidelines do not address the use of Cialis. The clinical documentation provided does not indicate the intended usage of Cialis or identify any signs or symptoms of erectile dysfunction or urological problems. Therefore, the medical necessity of Cialis is not established; the request is not medically necessary.