

<b>Case Number:</b>	CM15-0123512		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/06/1993
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 68 year old male who sustained an industrial injury on 01-06-1993 from a motor vehicle accident resulting in injury to the neck and subsequently hypothyroidism. Treatment provided to date has included: physical therapy, chiropractic treatments, massage therapy and acupuncture which were reported to provide good relief; medications; and conservative therapies and care. Diagnostic testing was not available for review. There were no noted comorbidities or other dates of injury noted. On 05-28-2015, physician progress report noted complaints of neck and back pain radiating to the lower extremities. The injured worker also reported constant pain in the right foot that is variable, constant aching neck pain with intermittent spasms, sharp pains and painful numbness radiating down both arms to hands. The pain was rated 4-5 out of 10. The progress report states that the injured worker has suffered from severe urinary and erectile dysfunction, stress-induced scalp rashes, and moderate to severe depression and anxiety. Current medications include Levothyroid, tamsulosin and Cialis. The physical exam revealed restricted range of motion (ROM) in the cervical spine due to myofascial pain and spasms; significant spasms and twitching of the trapezius and levator scapulae muscles upon deep palpation; point tenderness at various points along the muscles as well as the deep cervical fascia; facet loading pain with extension of the neck was noted; elicit facet tenderness upon palpation of the cervical facets; decreased motor function in the upper extremities with pain radiating down both arms and shoulders; altered sensation to soft touch in the bilateral upper extremities; right foot pain upon palpation; right foot pain with passive ROM; and pain on dorsal mid foot. The provider noted diagnoses of cervicalgia; lumbago spasm of muscle; other

disorder of muscle, ligament and fascia; straining on urination; dysuria; depressive disorder; unspecified hypothyroidism; other specified idiopathic peripheral neuropathy; pain in joint involving ankle and foot, brachial neuritis or radiculitis; osteoarthritis, localized primarily ankle and foot; benign prostatic hyperplasia; chronic depression; chronic pain syndrome, anxiety; insomnia due to medical condition; secondary to hypothyroidism; secondary erectile dysfunction; cervical facet joint pain; lumbar facet joint pain; myofascial pain; pruritic rash; cervical radiculopathy; and urinary tract obstruction. Plan of care includes continued current medications with refills and follow-up in 4 weeks for medication management. The injured worker's work status remained totally disabled with restrictions. The request for authorization and IMR (independent medical review) includes: Cialis 5mg #30 with 5 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cialis 5mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm124841.htm>.

**Decision rationale:** The CA MTUS and Official Disability Guidelines fail to discuss the use of Cialis in cases of erectile dysfunction, and therefore the above listed source from the FDA provides the preferred mechanism with which to assess clinical necessity of the requested treatment. In this case, due to the patient's chronic injury scenario and risk of chronic treatment, utilization review reasonably modified the request to facilitate appropriate follow up prior to refills. Therefore, the decision by utilization review is considered reasonable, and the initial request for five refills prior to follow up to evaluate safety and efficacy is not considered medically appropriate.