

<b>Case Number:</b>	CM15-0069311		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/20/2004
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Texas, California  
 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 is a 67 year old male patient, who sustained an industrial injury on 8/20/04. He sustained the injury while lifting heavy concrete. The diagnosis includes erectile dysfunction. The note dated 2/16/2015 was not fully legible. Per the note dated 2/16/2015, he ran out prescription of cialis. He used 12 tablets of cilalis over 1 year. The medications list includes cialis. He has undergone spinal surgery. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg #12, 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk reference (PDR), 2015, Cialis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thomson Micromedex FDA labeled indication of cialis-Tadalafil.

**Decision rationale:** Request: Cialis 20mg #12, 4 refills. Cialis contains tadalafil. Per the Thompson Micromedex guidelines cited below, FDA labeled indication for Tadalafil includes "Benign prostatic hyperplasia, Benign prostatic hyperplasia - Erectile dysfunction, Erectile dysfunction, Pulmonary hypertension." A recent legible detailed clinical evaluation with a urogenital examination is not specified in the records provided. A detailed evaluation related to erectile dysfunction was not specified in the records provided. Evidence of benign prostatic hyperplasia or pulmonary hypertension is not specified in the records provided. Response to the previous use of Tadalafil is not specified in the records provided. An ultrasonography report or physical examination documenting BPH is not specified in the records provided. The medical necessity of Cialis 20mg #12, 4 refills is not fully established for this patient.