

Case Number:	CM15-0069842		
Date Assigned:	04/17/2015	Date of Injury:	11/10/2011
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	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, New York, California
 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 applicant is a represented 41-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial motor vehicle accident of November 10, 2011. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for Cialis. A March 2, 2015 RFA form was referenced in the determination. The claims administrator suggested that the applicant was off work. The claims administrator did not furnish much in the way of a supporting rationale for the denial of Cialis other than to seemingly point out that a clear cause of erectile dysfunction had not been established. The applicant's attorney subsequently appealed. In a March 31, 2015 RFA form, Cialis and laboratory testing were endorsed. In a urology consultation of March 2, 2015, the applicant was described as off of work, on total temporary disability. The applicant stated that he had developed increasing difficulty in achieving and maintaining a satisfactory erection. The applicant attributed his symptoms to ongoing opioid usage. The applicant was using Flexeril, Norco, and Ambient, it was stated. The applicant was given diagnoses of voiding dysfunction and erectile dysfunction. Cialis was apparently introduced for the first time. The applicant was asked to follow up in six to eight weeks so as to ensure the efficacy of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> ERECTILE DYSFUNCTION.

Decision rationale: Yes, the request for Cialis was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Urological Association (AUA) notes that 5-phosphodiesterase inhibitors such as Cialis are a first line of therapy for erectile dysfunction. The request in question represented a first-time request for Cialis, apparently introduced on or around March 2, 2015. Introduction of Cialis was indicated, given the reports of erectile dysfunction on that date. Therefore, the request was medically necessary.