

<b>Case Number:</b>	CM15-0090862		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 37 year old male with a March 31, 2012 date of injury. A progress note dated April 3, 2015 documents subjective findings (lower back pain with severe right lower extremity pain, numbness, tingling and muscle spasms), objective findings (positive Tinel's sign of the right wrist; tenderness to palpation of the lumbar spine; positive straight leg raise on the right; hypoesthesia L4-L5 dermatome distribution on the right), and current diagnoses (lumbar spine sprain/strain; sacroiliac joint sclerosis; severe sciatic radiculopathy; right wrist sprain). Treatments to date have included medications, therapy, acupuncture, diagnostic testing, and magnetic resonance imaging of the lumbar spine (December 4, 2012; showed left sided disc protrusion with left neural foraminal narrowing). The medical record indicates that the injured worker was having issues with urinary incontinence. The treating physician documented a plan of care that included a prescription for Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 20mg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation UpToDate, Treatment of male sexual dysfunction Tsertsvadze A et al, Oral phosphodiesterase-5 inhibitors and hormonal treatments for erectile dysfunction: a systematic review and meta-analysis. Ann Intern Med. 2009; 151(9): 650.

**Decision rationale:** The MTUS and ODG are silent on the treatment of erectile dysfunction so other guidelines were used. The current recommendations state that "first-line therapy, we recommend the phosphodiesterase-5 (PDE-5) inhibitors because of their efficacy, ease of use, and favorable side effect profile." In the event of a failure of therapy, or "if PDE-5 inhibitors are ineffective, we suggest vacuum devices, penile self-injectable drugs, and intraurethral alprostadil as second-line therapy." The MTUS states that testosterone replacement is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas." In this case, the patient is being referred to Urology for evaluation his testicular pain, swelling and incontinence in addition to determine if there is an organic disorder causing his erectile dysfunction. Pending this evaluation, the request for Cialis 20mg #10 is not medically necessary.