

Case Number:	CM15-0098031		
Date Assigned:	05/29/2015	Date of Injury:	12/12/2008
Decision Date:	06/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, 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 injured worker is a 63 year old male, who sustained an industrial injury on 12/12/2008. He has reported injury to the lower back. The diagnoses have included lumbar radiculopathy; lumbar spine strain; ganglion cyst; and major depressive disorder. Treatment to date has included medications, diagnostics, chiropractic therapy, psychotherapy, and home exercise program. Medications have included Norco, Venlafaxine SR, Cialis, Zolpidem, and Omeprazole. A progress note from the treating physician, dated 04/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of depression; changes in appetite; lack of motivation; difficulty getting to sleep; restlessness; agitation; decreased energy; difficulty thinking; difficulty staying asleep; erectile dysfunction; increased pain; nausea; and inability to relax. Objective findings included soft-spoken; depressed facial expressions; visible anxiety. The treatment plan has included the request for Cialis 20 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20 mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Sildenafil and its analogues.

Decision rationale: This claimant was injured 7 years ago. He has decreased energy and erectile dysfunction. Cialis is an oral therapy for erectile dysfunction. It is a selective inhibitor of cyclic guanosine monophosphate-specific phosphodiesterase type 5. The medicine releases nitric oxide in the corpus cavernosum during sexual intercourse. Workers with traumatic brain injury or significant back injuries have been known to have impotence. In addition, workers with accepted psychological injuries have been found to suffer from sexual dysfunction and may benefit from the medicine. Further, the worker must be screened for contraindications to using this medicine. It is important for the treating physician to review the contraindications to its use, because the potential outcome from the use is death. Those individuals who have died while using such medicines are being reviewed by Pfizer and the Food and Drug Administration. Without evidence the claimant has a condition where Viagra would aid the effects of the injury, and documentation of screening for the serious contraindications for the medicine, the request is not medically necessary.