

<b>Case Number:</b>	CM15-0099396		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male sustained an industrial injury on 7/28/2000. He subsequently reported low back pain. Diagnoses include lumbago, chronic pain and headache. Treatments to date include prescription medications and follow up doctor's visits. The injured worker continues to experience ongoing low back pain. Upon examination, the injured worker was alert and conversant with no negative effect of medications noted. Generally status quo on the current regimen. Overall ambulation and posture unchanged. A Retrospective request for Cialis 10mg #12 with 3 refills, DOS: 03/05/2015 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cialis 10mg #12 with 3 refills, DOS: 03/05/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepressants, Anticonvulsants AHFS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction.

**Decision rationale:** The patient presents with low back pain. The physician is requesting RETROSPECTIVE REQUEST FOR CIALIS 10MG #12 WITH 3 REFILLS, DOS: 03/05/2015. The RFA dated 03/05/2015 shows a request for Cialis 10 mg #12 refills 3. The patient's work status is with restrictions. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. Per the 03/05/2015 report, the patient is alert and conversant with no negative effects of medications noted. Overall ambulation and posture unchanged. Diagnoses include: chronic back pain, sexual dysfunction and headaches. The physician has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. There is no discussion of ED. Without a statement of medical necessity, a comprehensive examination supporting the diagnosis of ED, or a condition, which could cause ED, use of this medication cannot be substantiated. The request IS NOT medically necessary.