MAXIMUS Federal Services

Case Number:	CM14-0180531		
Date Assigned:	11/05/2014	Date of Injury:	04/07/2000
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has a history of atrial fibrillation and atrial flutter status post MAZE ablation procedure. He has a history of mitral valve regurgitation status post-surgical repair, left ventricular hypertrophy, and cardiomyopathy. The progress report dated 10/7/14 documented subjective complaints of atrial fibrillation. The patient reported that he goes in and out of atrial fibrillation. Objective findings included blood pressure 140/100, clear lungs, heart regular. Diagnoses were hypertension, atrial fibrillation, and erectile dysfunction. Treatment plan included Losartan, Cored, Norvasc, Sotalol, Lipitor, Aspirin, Xarelto, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 5mg: 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 FDA Prescribing Information Cialis http://www.drugs.com/pro/cialis.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Cialis. FDA Prescribing Information indicates that Cialis is associated with cardiovascular warnings and

precautions. Cialis is not recommended for patients with uncontrolled arrhythmias.Medical records document a history of atrial fibrillation and atrial flutter, status post MAZE ablation procedure. The patient has a history of mitral valve regurgitation, status post surgical repair, left ventricular hypertrophy, and cardiomyopathy. The progress report dated 10/7/14 documented that the patient currently experiences atrial fibrillation. Cialis 5 mg #90 with 6 refills was requested, which is equivalent to 630 tablets. This is a 21 month supply of Cialis, nearly 2 years, without regular clinical monitoring and supervision. Given the patient's cardiovascular conditions, a 630 day supply of Cialis, which is associated with cardiovascular warnings and precautions, is not recommended.Therefore, the request for Cialis 5mgis not medically necessary.