

Case Number:	CM13-0023255		
Date Assigned:	11/15/2013	Date of Injury:	06/08/2011
Decision Date:	01/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This patient has a date of injury of June 8, 2011. A utilization review determination dated September 4, 2013 recommends noncertification for "anti-cholinergic agents, or anti-muscarinic agents, or Botox in office." The report goes on to recommend a modified determination with certification recommended for Botox, and certification not recommended for anticholinergic agents or anti-muscarinic agents. A progress report dated September 9, 2013 identifies a diagnosis of "neurogenic bladder with pending authorization for a urology consultation." The patient states that shortly after the work-related injury of June 8, 2011, she started to experience lower tract urinary symptoms. She started urgency and frequency almost every 15 to 30 minutes, nocturia 4 to 6 times per night. She started to experience bouts of incontinence as she was not able to suppress her urgency to urinate. She has not had any stress incontinence. There is no history of hematuria or urinary tract infections. She recalls that she had a period of bladder problems after back surgery in 2010 but the symptoms resolved completely after her second back surgery. The patient underwent a complete urological evaluation in February 2013 as part of a urological QME. Cystoscopy was unremarkable for intrinsic bladder pathology. Comprehensive urodynamics evaluation was consistent with a small capacity and hyper reflexive neurogenic bladder. The patient was told about the findings and treatment options were mentioned to her. She was told that she could use anticholinergic medications like Vesicare, Detrol, etc. or a new beta 3 agonist known to relax the bladder wall muscle. Another option discussed was that of using Botox to chemically denervation the bladder and hence abolish the uninhibited contractions by increasing the bladder capacity." The note goes on to state, "the patient states that she does not tolerate medications too well and she would not be able to adhere to a long-term strict medical regimen required fo

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-cholinergic agents or anti-muscarinic agents or Botox in office, M.D prefers Botox:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Article 777886, the National Library of Medicine, PMC2555485, and eMedicine, Article 453539..

Decision rationale: Regarding the request for "anti-cholinergic agents or anti-muscarinic agents or Botox in office - MD prefers Botox," California MTUS and ODG do not contain criteria regarding the use of these agents in the treatment of bladder disorders. Regarding the use of Botox, an Internet search reveals an article on Medscape entitled "Botox approved to treat overactive bladder," which identifies that Botox can be used in the treatment of overactive bladder to reduce urinary incontinence. The indication is limited to patients who cannot use or do not adequately respond to anticholinergics to treat the condition. With regards to anti-muscarinic agents, an Internet search of the National Library of Medicine reveals a journal article entitled "Overactive Bladder: Pharmacologic Treatments in the Neurogenic Population," which indicates that anti-muscarinic agents are the first-line choice for the pharmacologic treatment of overactive bladder disease. With regards to anti-cholinergic agents, an Internet search reveals an eMedicine article indicating that anticholinergic drugs are the first line medicine or therapy in women with urge incontinence. The article goes on to indicate that these medications are useful in treating urinary incontinence associated with urinary frequency, urgency, and nocturnal enuresis. Within the documentation available for review, the requesting physician has identified that the patient has complaints of incontinence and urgency. She has undergone urodynamic studies which have identified small capacity and hyper reflexive neurogenic bladder. The patient does not appear to have tried any medications or treatments for this condition currently. The requesting physician has stated that the patient does not want to take medications consistently, and therefore would prefer Botox for the treatment of the patient's bladder complaints. The previous reviewer had recommended certification for Botox. The current request is for "anti-cholinergic agents or anti-muscarinic agents or Botox in office - empty prefers Botox." There is no indication that the patient has a contraindication to anti-muscarinic or anti-cholinergic medications or has failed a trial of those medications for this condition. I am unable to authorize three (3) different treatment plans concurrently, and am unfortunately unable to modify a treatment request. As such, the currently requested "anticholinergic agents or anti-muscarinic agents or Botox in office," is not medically necessary.