MAXIMUS Federal Services

Case Number:	CM13-0031416		
Date Assigned:	12/04/2013	Date of Injury:	03/27/2001
Decision Date:	01/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family 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 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 57 year old injured worker had a date of injury 3/27/11. Based on a review of the medical documents provided her diagnoses include: morbid obesity, cervical strain, fibromyalgia and TMJ syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vesicare 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment and prevention of urinary incontinence in women by Catherine DuBeau, MD. Retrieved from UpToDate accessed online 1/14/14.

Decision rationale: According to Uptodate, antimuscarinics (such as Vesicare) are used for cognitively-intact women with urgency, urgency-predominant mixed incontinence, or overactive bladder symptoms who have not had sufficient improvement in their symptoms with initial lifestyle changes and behavioral therapy, we suggest a trial of antimuscarinics (figure 1). Antimuscarinics are the most frequently prescribed medications for urgency incontinence. They are thought to act primarily by increasing bladder capacity and decreasing urgency by blocking

basal release of acetylcholine during bladder filling. There are six antimuscarinic agents available in different doses and formulations: darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, and trospium. A seventh, propiverine, is used primarily in Asia. In the US, a transdermal oxybutynin patch which delivers 3.9 mg per day is available to women without prescription. The use of antimuscarinics in women with dementia should be initiated cautiously and with close monitoring for adverse effects. Vesicare (solifenacin) is a medication used in treating disorders of the genitourinary system. Vesicare is considered and antimuscarinic agent based on its mechanism of action. It is FDA approved for the management of overactive bladder syndrome, which is characterized by recurring episodes of urgency to urinate. In this case, the patient's physician has not provided any current medical records to review that address the diagnosis, what testing was performed to establish the diagnosis, the current treatment plan nor the rationale for the medication requested. Vesicare is non-certified for this patient.

Hydrocodone 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: According to MTUS guidelines, opioids are recommended with specific dosage and cautions. Opioids (like Hydrocodone) are indicated for moderate to moderately severe pain. There are no FDA-approved hydrocodone products for pain unless formulated as a combination. The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. In this case, the request is for hydrocodone- acetaminophen 10/325 compound, which is an analgesic containing an opioid (hydrocodone) in combination with an analgesic which is not an anti-inflammatory medication. The patient's physician has not provided any current medical records to review that address the diagnosis, what testing was performed to establish the diagnosis, the current treatment plan, nor the rationale for the medication requested. Therefore, hydrocodone- acetaminophen is non-certified for this patient.