

Case Number:	CM13-0053694		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2011
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation; has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 is a 50-year-old female who reported an injury on September 22, 2011. The injury occurred when the patient fell and struck her head and had a loss of consciousness. The patient's diagnoses include urinary incontinence and neurogenic bladder. The Department of Workers Compensation (DWC) Form Request for Authorization (RFA) dated August 20, 2013 revealed that the patient had a prescription for Ditropan 5mg, #60, one (1) by mouth twice a day. The documentation of October 09, 2013 revealed that the patient had episodes of urine urgency and frequency. It was indicated that the patient was not interested in a urologic testing re-evaluation. The plan was noted to be to start Ditropan 5mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR DITROPAN 5MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXLIST.COM, WEB, DITROPAN PHYSICIANS' DESK REFERENCE (PDR) 2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/SEARCH.PHP?SEARCHTERM=DITROPAN](http://www.drugs.com/search.php?searchterm=ditropan)

Decision rationale: The California MTUS/ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address Ditropan. According to Drugs.com, Ditropan reduces muscle spasms of the bladder and urinary tract. It is used to treat the symptoms of an overactive bladder. The clinical documentation indicated that the patient was to take the medication as of August 20, 2013. There was a lack of documentation of the patient's reaction to the medication. There was a lack of documentation indicating a necessity for Ditropan without re-evaluation. Given the above, the request for Ditropan 5mg, #60, with three (3) refills is not medically necessary.