MAXIMUS Federal Services

Case Number:	CM13-0065327		
Date Assigned:	01/03/2014	Date of Injury:	09/06/2001
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 09/06/2001. The mechanism of injury was a fall that resulted in a burst fracture at L1 and a dislocated right elbow. The patient was initially hospitalized for 9 days, received a fusion at the level of fracture, and later received right elbow surgery on 10/02/2001 due to recurrent dislocation. On 05/11/2003, the patient had his lumbar hardware removed, and in 04/2004 he had a trial of a spinal cord stimulator. This device was removed approximately 2 weeks later due to its non-functioning. The patient also received an initial course of physical therapy with no improvement, utilized multiple medications, epidural steroid injections, a TENS unit, and reinsertion of a spinal cord stimulator. Due to the patient's ongoing symptoms to include bladder, bowel, and sexual dysfunction, he was later diagnosed with cauda equina syndrome. As the most recent note included for review was dated 05/13/2013, it is unknown what current treatment the patient is receiving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Finasteride 5 mg quantity 30 refills 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schrattenholz, A., & Soskic, V. (2011). U.S. Patent No.

7,998,970. Washington, DC: U.S. Patent and Trademark Office; Paba, S. (2011). The effect of Finasteride in Tourette Syndrome: results of clinical trial.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS/ACOEM Guidelines and Official Disability Guidelines did not address the use of Finasteride; therefore, current medical literature was supplemented. As the clinical information submitted for review did not indicate the patient suffered from benign prosthetic hypertrophy or alopecia, it is unclear exactly why the patient is utilizing Finasteride. In a search for current medical literature regarding this medication, 2 articles were found detailing its experimental use in treating neuroinflammatory conditions such as Parkinson's, Alzheimer's, multiple psychological disorders, and Tourette's syndrome. Both of these studies indicated that Finasteride use produced a significant reduction in the severity of ticks or symptoms related to traumatic spinal cord injury; however, there was note that use of Finasteride in this manner needed continued study with increased clinical trials. Although Finasteride use may begin to show indications for treating traumatic/spinal cord injuries, there is not enough current evidence to support these claims. In addition, the clinical information submitted for review did not provide reasons why this medication was being prescribed to the patient, or the effects it has had on his condition to date. As such, the request for Finasteride 5 mg quantity 30 refills 2 is non-certified.