

Case Number:	CM14-0004483		
Date Assigned:	02/05/2014	Date of Injury:	05/03/2001
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old female who reported an injury of an unknown mechanism on 05/03/2001. In the clinical note dated 10/15/2013, it was annotated that the injured worker was seen on 03/03/2011 for re-evaluation of her urinary symptoms. The injured worker was given a prescription of Vesicare 10 mg which was taken with some improvement. However, she continued to have symptoms. In the documentation provided, the diagnoses were annotated as status post back injury and herniated disc, history of prior back injury 1989, hypertension, gastrointestinal syndrome, neurologic disorder and gastroesophageal reflux disorder. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TOVIAZ 4 MG: 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 Other Medical Treatment Guideline or Medical Evidence: Toviaz (festoterodine fumarate). <http://www.rxlist.com/toviaz-drug.htm>

Decision rationale: The request for 1 prescription of Toviaz 4 mg is non-certified. Toviaz is a muscarinic antagonist indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency. The recommended starting dose of Toviaz is 4 mg once daily. Based upon individual response and tolerability, the dose may be increase to 8 mg once a day. In the documentation provided for review, there was lack of a physical examination demonstrating syptomts the medication was recommended for. The severity of the injured workers symptoms were unclear. Additionally, the quantity og the medication was unclear. Therefore, the request for 1 prescription of Toviaz 4 mg is non-certified.