

Case Number:	CM14-0008269		
Date Assigned:	02/10/2014	Date of Injury:	04/29/2009
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 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:

This is a 50-year-old male with a 4/29/09 date of injury after falling 12 feet into a concrete floor, sustaining head trauma, a right arm fracture, facial bone fracture, and neurologic injury to the left side of his face. He was seen on 10/24/13 where he reported to having to urinate 6 times throughout the night, as well as frequent voiding in the daytime as well as increased urgency. A urine flow cystometry revealed weak urine stream, and his post void residual was 65cc. He was noted to be on Desmopressin 0.1 mg daily at this time. The treatment plan was to increase his dose and get urodynamic studies and a cystoscopy to work up his urinary urgency and frequency as well as to assess the effect of the increase in desmopressin. Neurologic exam findings revealed occasional word finding difficulty. He is also noted to have disrupted speech and stutter. Treatment to date:: CBT, psychiatric treatment, medications, group therapy. A UR decision dated 12/20/13 modified the request given t modified given from one year to two months to establish efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DESMOPRESSIN ACETATE 0.2MG #60. REFILL FOR 1 YEAR: 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 <http://www.drugs.com/cdi/desmopressin.html>, http://www.cc.nih.gov/ccc/patient_education/pepubs/di.pdf.

Decision rationale: Desmopressin is an antidiuretic hormone (ADH) secreted by the hypothalamus in response to regulating electrolyte levels. It works by causing the kidneys to produce less urine. It is used to manage temporarily increased thirst and urination caused by head injury or certain types of brain surgery, or to manage certain types of diabetes (central diabetes insipidus). The NIH states that this medication is used for central diabetes insipidus, in which the hypothalamus does not produce enough ADH and the patient is unable to retain enough water, which can cause electrolyte abnormalities. This patient has a neurologic injury and is urinating frequently. He is not known to have nephrogeic diabetes insipidus (in which the patient's kidney's do not respond to the vasopressin that is being produced at normal levels), but he does have nephritic syndrome with protein loss in the urine. This patient has a neurologic injury by which the patient may not be able to produce antidiuretic hormone given his head injury. He has been on 0.1 mg of Desmopressin daily for months but still is symptomatic. Hence an increase in dose was requested to 0.2 mg daily with a one-year supply. The request was modified from one year to two months in order to establish efficacy, which is appropriate., especially given the fact that the patient is still symptomatic on the medication at a lower dose. The patient should be monitored on this medication to establish efficacy and one years worth of this medication is not appropriate. If his symptoms do not resolve other diagnosis should be considered such s BPH or nephrogenic diabetes insipidus given he has kidney disease.. Therefore, with regard to the request for one year of Desmopresin acetate 0.2 mg daily, medical necessity was not met.