

Case Number:	CM14-0009196		
Date Assigned:	06/04/2014	Date of Injury:	06/02/2011
Decision Date:	07/22/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 patient is a 35-year-old female who has urinary incontinence that started after her lumbar spine injury in 2011. She had a fusion and a subsequent revision. The injury occurred after the patient lifted numerous boxes of oranges. She now has a failed back syndrome with a left lower extremity, Chronic Regional Pain Syndrome (CRPS). This patient did not have urinary incontinence until she developed her lumbar back problem. She has undergone Urodynamic studies by a urologist in August 2013 which confirmed the diagnosis of a neurogenic bladder. She primarily showed bladder spasms, urinary frequency. She did not have any overflow incontinence as suggested by the neurologist. The urologist placed the patient on the medication Beta 3 Receptor agonist, Myrbetriq ER 25mg once a day; the patient had a good response with a decrease in her urinary incontinence. No side effects were noted. No other medication has been tried for this issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYRBETRIQ ER 25 QAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-289. Decision based on Non-MTUS Citation Other Medical Treatment Guideline

or Medical Evidence: UpToDate, Treatment & Prevention of Urinary Incontinence in Women, Catherine E. DuBeau, MD.

Decision rationale: The MTUS mentions the onset of urinary frequency as a symptom that can suggest a red flag for low back, spinal disorders. UpToDate discusses urinary incontinence that can be associated with spinal cord disease. Although there are no clinical trials that guide the long-term management of bladder dysfunction, accumulated clinical experience has led to some management strategies. Bladder or detrusor hyperactivity can be manifested by bladder spasms as well as urgency and frequency, often with incontinence. Medications are often used. The first line of therapy is the antimuscarinics of which there are six on the US market. They are the most frequently prescribed medications for urgency incontinence and are thought to act primarily by increasing bladder capacity and decreasing urgency by blocking basal release of acetylcholine during bladder filling. The efficacy of all the antimuscarinic agents is thought to be similar and the choice and dose of a specific agent depends on multiple factors, including what is available to the patient, drug-disease and drug-drug interactions, as well as adverse effects. Head-to-head comparison trials consistently show that extended-release agents have lower rates of adverse effects than immediate release agents. Assessment of treatment should be assessed after 4-6 weeks. For those patients who do not experience sufficient improvement in symptoms after an adequate trial with a specific antimuscarinic (at least four weeks at the maximum tolerable dose), it is suggested to assess for adherence to medication, lifestyle and behavioral therapy, and then consider a different antimuscarinic or possibly mirabegron (Myrbetriq ER). This Beta 3 receptor agonist has been available in the United States since 2012; there are limited long-term data on efficacy and safety. Because this patient was not tried on any of the antimuscarinics prior to the Myrbetriq, at this time it is deemed to not be medically necessary.