

Case Number:	CM14-0112572		
Date Assigned:	08/01/2014	Date of Injury:	10/16/2000
Decision Date:	10/01/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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:

Medical records reflect the claimant is a 51 year old male with a work related injury of 10-16-00. Medical Records reflect the claimant is being treated for back pain, erectile dysfunction and urinary incontinence. The claimant has undergone lumbar fusion and subsequent removal of hardware. He had a SCS placed last year. The claimant reported on 5-30-14 that with Vesicare, he does not get up at night to urinate and he has no incontinence, frequency or urgency. The claimant reported that he had no problems maintaining and sustaining an erection even without Cialis. However, during the act of intercourse, the erection is lost due to back and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Myrbetriq 50mg, Quantity 30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse - Adrenergic Drugs

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: FDA news release

Decision rationale: On 6-28-12, The U.S. Food and Drug Administration today approved Myrbetriq (Mirabegron) to treat adults with overactive bladder. Medical Records reflect this claimant is being managed with Vesicare and notes that with this medication he has no bladder problems. With this medication he does not get up at night to urinate and notes no incontinence nor any urinary frequency. Therefore, based on the records provided, changing a medication which is functioning for his over reactive bladder is not supported as medically necessary.

1 prescription of Cialis 20mg, Quantity 10 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

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: US National Library of Medicine

Decision rationale: US National Library of Medicine reflects that Tadalafil (Cialis) is used to treat erectile dysfunction (ED, impotence; inability to get or keep an erection), and the symptoms of benign prostatic hyperplasia (BPH; an enlarged prostate) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. Medical Records reflect that this claimant reports that he has no problem in achieving or maintaining and sustaining an erection. He loses his erection due to pain. Therefore, based on the records provided, the medical necessity for this medication is not established, as his problem is not achieving and maintaining an erection.

1 Urodynamics testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse -

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: Medscape

Decision rationale: Medscape notes that Urodynamics are a means of evaluating the pressure-flow relationship between the bladder and the urethra for the purpose of defining the functional status of the lower urinary tract. The ultimate goal of urodynamics is to aid in the correct diagnosis of urinary incontinence based on pathophysiology. Urodynamic studies should assess both the filling-storage phase and the voiding phase of bladder and urethral function. In addition, provocative tests can be added to try to recreate symptoms and to assess pertinent characteristics of urinary leakage. Simple urodynamic tests involve performing a noninvasive uroflow study, obtaining a post void residual (PVR) urine measurement, and performing single-channel cystometry (CMG). A single-channel CMG (ie, simple CMG) is used to assess the first sensation of filling, fullness, and urge. Bladder compliance and the presence of uninhibited detrusor contractions (eg, phasic contractions) can be noted during this filling CMG. A simple CMG is generally performed using water as the fluid medium. Multichannel urodynamic studies

are more complex than simple urodynamics and can be used to obtain additional information, including a noninvasive uroflow, PVR urine, filling CMG, abdominal leak-point pressure (ALPP), voiding CMG (pressure-flow), and electromyography (EMG). Water is the fluid medium used for multichannel urodynamics. Based on the records provided, this claimant is being treated successfully for neurogenic bladder. Based on the records provided, a urodynamic testing will not change further treatment. Therefore, the medical necessity of this request is not established.