

Case Number:	CM14-0118900		
Date Assigned:	08/06/2014	Date of Injury:	11/19/2001
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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:

There were 84 pages provided for review. The application for independent medical review was signed on July 29, 2014. The issues were 30 tablets of Ditropan 5 mg modified to 15 tablets of Ditropan 5 mg, and 30 tablets of Ditropan 5 mg was non certified. The claimant was described as 53 years old and was injured in the year 2001, now 13 years ago, from a fall. The diagnoses included pain in the lower leg joint, anxiety and depression, foot pain, lumbar radiculopathy and hip bursitis. Current medicines were propoxyphene, Neurontin, omeprazole, me relax, Ditropan 5 mg at night, XML go 12 mg once a day and oxycodone. The claimant had a prior laminectomy and fusion. The motor examination was noted to be limited by pain. The patient denied the use of the oxazepam. There was no clinical evidence of bladder instability sold this was the basis for the decision in regards to the Ditropan. There was a primary treating physicians progress report from June 4, 2014 she had back pain. She had excellent benefit from a caudal injection in January. She has about five oxycodone per day that she needs. The Ditropan was to optimize the patient's function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ditropan 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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: Physician Desk Reference, 2014 edition.

Decision rationale: As shared, the MTUS, the ODG, and the Medical Disability Advisor were silent on this medicine, also known as Oxybutynin. Per the Physician Desk Reference (PDR), it is a medicine that antagonizes acetylcholine at muscarinic receptors, and so relaxes smooth muscle in the bladder, and inhibits bladder contractions. In this case, there was no measure provided of objective effectiveness in reducing bladder urgency. I did not see how it would benefit injury care or strong signs of an irritable bladder with frequency of urination need. The request is appropriately non certified.

Ditropan 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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: Physician Desk Reference, 2014 edition

Decision rationale: The MTUS, the ODG, and the Medical Disability Advisor were silent on this medicine, also known as Oxybutynin. Per the Physician Desk Reference (PDR), it is a medicine that antagonizes acetylcholine at muscarinic receptors, and so relaxes smooth muscle in the bladder, and inhibits bladder contractions. In this case, there was no measure provided of objective effectiveness in reducing bladder urgency. I did not see how it would benefit the injury clinically or strong signs and symptoms of bladder irritability. The request is appropriately non certified.