

Case Number:	CM14-0171864		
Date Assigned:	10/23/2014	Date of Injury:	04/11/2012
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 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:

According to the records made available for review, this is a 56-year-old male with a 4/11/12 date of injury. At the time (9/8/14) of request for authorization for Rapaflo 8 mg, there is documentation of subjective (urinary urgency, nocturia, and pelvic pain) and objective (pulse rate of 75 bpm, respiratory rate of 16, and blood pressure of 124/75 mmHg) findings, urine flow study (urodynamic study (9/8/14) report revealed significant delay in voiding suggestive of bladder outlet obstruction), current diagnoses (neurogenic bladder), and treatment to date (medications (including Terazosin, Paroxetine, Percocet, and Axiron)). There is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Rapaflo is indicated (benign prostatic hyperplasia or hypertension).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rapaflo 8 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS) Page(s): 38. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/rapaflo.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies Rapaflo (Silodosin) can be helpful in sympathetically maintained pain. ODG does not address this issue. Medical treatment guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Rapaflo (Silodosin) is indicated (such as: benign prostatic hyperplasia or hypertension). Within the medical information available for review, there is documentation of a diagnosis of neurogenic bladder. However, despite documentation of subjective (urinary urgency and nocturia) and urodynamic study findings (significant delay in voiding suggestive of bladder outlet obstruction) and given objective (blood pressure of 124/75 mmHg) findings, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Rapaflo is indicated (benign prostatic hyperplasia or hypertension). Therefore, based on guidelines and a review of the evidence, the request for Rapaflo 8 mg is not medically necessary.