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| Case Number: | CM14-0021573 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 02/09/2001 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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:

The patient is a 42-year-old male, who has submitted a claim for lumbar post-laminectomy syndrome, strain/sprain of the back and chronic pain syndrome associated with an industrial injury date of February 9, 2001. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain in the right with a pain scale of 6/10, radiating to the right leg. Right thigh pain was also noted described as a burning sensation. Physical examination of the lower back revealed diffuse tenderness with decrease in range of motion (ROM). Treatment to date has included resection of neuroma, baclofen, roxicodone, ketolido, prevacin, Flomax, aciphex, Cialis, Ditropan, ibuprofen and promethazine. Utilization review from January 6, 2014, denied the request for Flomax 0.4mg #30 as there was no documentation in the clinical record of the medical necessity for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLOMAX 0.4MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, 18th Ed. 2011.

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: <http://www.drugs.com/flomax.html>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the database from drugs.com was used instead. Flomax (tamsulosin) belongs to a group of drugs called alpha-adrenergic blockers. Flomax relaxes the muscles in the prostate and bladder neck, making it easier to urinate. It is used to improve urination in men with benign prostatic hyperplasia. In this case, records reviewed did not show the rationale for prescribing Flomax. Likewise, previous physical examinations do not indicate that the patient had symptoms pointing out to benign prostatic hyperplasia. Therefore, the request for Flomax 0.4mg #30 is not medically necessary.