

Case Number:	CM14-0026703		
Date Assigned:	06/13/2014	Date of Injury:	01/10/1997
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Nevada. 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 injured worker is a 55 year-old male who was reportedly injured on 1/10/1997. The mechanism of injury is noted as a neck and low back injury that occurred while unloading a generator from the back of a truck. The most recent progress note dated 12/18/2013, indicates there are ongoing complaints of low back pain, which recently caused him to slip and fall at home and re-injured his low back and knee. There are ongoing complaints of low back pain and left testicle pain. A physical examination demonstrated a large surgical scar of the posterior spine and anterior abdomen; paraspinal spasms and tenderness to the lumbar paravertebral musculature and antalgic-guarded gait. Patella/achilles reflexes were shown to be +1 bilaterally. A decrease in sensation with pinwheel in lower extremities, lumbar range of motion 10 in all directions, positive straight leg raise bilaterally, a 3/5 motor strength in the lower extremities bilaterally. MRI and computed tomography myelogram of the lumbar spine dated 6/18/2012 demonstrated a solid fusion from L4 - S1 with normal size spinal canal and degenerative disc disease. Previous surgeries include: multiple back surgeries to include an anterior/posterior fusion from L3 to S1 and a penile implant in 2004. A request was made for Flomax (Tamsulosin HCl) capsules 0.4 mg and was not medically necessary in the utilization review on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLOMAX (TAMSULOSIN HCl) CAPSULES 0.4MG: Upheld

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

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 WEBSITE: FLOMAX (TAMSULOSIN HYDROCHLORIDE) PRESCRIBING INFORMATION.

Decision rationale: Flomax is an antagonist of alpha-1 adrenal receptors in the prostate. The MTUS, ACOEM or ODG fail to address this medication. The Food and Drug Administration approved indication for this medication is for the treatment of signs and symptoms of BPH (benign prostate hypertrophy). As such, the request is not medically necessary.