

<b>Case Number:</b>	CM14-0040496		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, upper extremity pain, and bilateral lower extremity pain reportedly associated with an industrial injury of November 4, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; earlier cervical spine surgery; topical agents; and opioid therapy. In a Utilization Review Report dated February 27, 2014, the claims administrator partially certified a request for Flomax, citing lack of supporting information on the part of the attending provider. The claims administrator stated that the patient might have some evidence of a spinal cord injury generating some urinary retention for which Flomax would be indicated but stated that the attending providers documentation on the subject was lacking; hence the partial approval. The patient's attorney subsequently appealed. In a January 30, 2014 progress note, the patient was described as having persistent pain complaints. The patient was on Pristiq, OxyContin, Flomax, oxycodone, fludrocortisone, and Cialis, it was stated. It was stated that the patient was benefiting from the medications in question. The patient was asked to try and cease smoking. The attending provider stated that Cialis was being employed for erectile dysfunction issues while Flomax was part of the patient's bladder care regimen. It was suggested that the patient had some history of spinal cord injury or spinal cord insult. In an earlier note dated November 12, 2013, the patient was again asked to cease smoking. The patient continued to report issues with incomplete voiding and emptying of the bladder. Urinary flow, however, was reportedly improved following introduction of Flomax, it was stated on this occasion. The patient was 50 years old, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flomax 0.4mg 1 every bedtime increase to every 12 hours #30, 2 units:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/flomax.html>, Flomax.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Flomax Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Flomax is an alpha adrenoceptor antagonist indicated for the signs and symptoms of benign prostatic hypertrophy. In this case, the attending provider's documentation, while admittedly incomplete, does suggest that the applicant is having issues with urinary retention and poor urinary flow. Given the applicant's age (50), some element of diminished urinary flow secondary to prostatic hypertrophy may, in fact, be the operating diagnosis employed. The attending provider, furthermore, has suggested that the applicant's urinary flow, urine stream, and urinary retention have all been ameliorated with ongoing Flomax usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.