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| Case Number: | CM14-0047119 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 05/12/2000 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 70 year-old with a date of injury of 05/12/00. A progress report that was most proximate with the request for services, dated 02/12/14, was for a routine follow-up and Medtronic check. Objective findings were only positive for a murmur. Diagnoses included atrial fibrillation, cardiac pacemaker status, hypertension, and cardiomyopathy. Treatment has included cardiac medications and Flomax. A Utilization Review determination was rendered on 03/14/14 recommending non-certification of Flomax 0.4mg 1 daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax 0.4mg 1 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 14th edition, Disorders of the cardiovascular System, Antifungal therapy, pages 497-498; Infectious Diseases-Therapy of parasitic disease: antimalarial quinolines, pages 499-500; Heart failure, pages 897-902; Hypertension, pages 1001-1013; Asthma, pages 1051-1053; Hematology/Oncology, Anticoagulant, therapy pages 1511-1514; Hypercholesterolemia treatment, page 1822, Disorders of Metabolism: Gout and other disorders of Purine metabolism, pages 1841-1842. Harrison's Principles of Internal Medicine 14th edition, Hyperplasia and Disorders of the Prostate, pages 1629-1630.

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: UpToDate:Flomax.

Decision rationale: Flomax (tamsulosin) is an alpha-1 blocking agent. The Medical Treatment Utilization Schedule (MTUS) does not address Flomax. Authoritative sources note its indication for the treatment of signs and symptoms of benign prostatic hypertrophy. In this case, no indication is given for the Flomax. Therefore, Flomax is not medically necessary.