

<b>Case Number:</b>	CM14-0048287		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

This is a 54-year-old male with a 10/14/05 date of injury. The injury occurred when he was working as a handyman for a large property management company. They did general maintenance on the buildings. The heaviest part of the job was concrete repair. He would mix concrete and have to lift the heavy bags of concrete and sand. According to a 3/10/14 progress report, the patient returned for a urological office visit. The patient stated that he saw some blood in his urine that scared him, and for that reason, he did not start taking the tamsulosin that he was finally able to obtain. He continued to complain of slow and frequent urination. He also complained of poor erections that he cannot maintain most of the time. He stated that the blood in the urine has subsided but that it lasted for a few days when it started. Objective findings: antalgic gait, tender paraspinal muscles, external genitalia are normal, moderately enlarged, benign-feeling prostate. Diagnostic impression: impotence organic, voiding dysfunction due to spinal injury and medications. Treatment to date: medication management, physical therapy, activity modification. A UR decision dated 3/29/14 denied the request for Tamsulosin. A rationale for denial was not provided. The request for Cipro was modified from Cipro 500 mgs #30 with 1 refill to certify Cipro 500 mg #3 with zero refills. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Tamsulosin 0.4mg, #12 with 4 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, Inc.; 2010, 34p.

**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/pro/flomax.html> FDA (Flomax).

**Decision rationale:** CA MTUS and ODG do not address this issue. According to an online search, Flomax is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). According to a 3/10/14 progress note, the patient complained of slow and frequent urination. He stated that he saw some blood in his urine that has subsided but that it lasted for a few days from when it started. There is no documentation that the patient has a diagnosis of benign prostatic hyperplasia (BPH), but symptoms of BPH are present. Therefore, the request for Prescription of Tamsulosin 0.4mg, #12 with 4 refills is medically necessary.

**Prescription of Cipro 500mg, #30 with 1 refill:** 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: <http://www.drugs.com/pro/cipro.html> FDA (Cipro).

**Decision rationale:** CA MTUS and ODG do not address this issue. According to an online search, Cipro is a synthetic broad spectrum antimicrobial agent for oral administration. Cipro is indicated for acute, uncomplicated urinary tract infections at a dose of 250 mg every 12 hours for 3 days. There is no rationale provided as to why the patient needs such a large quantity and an additional refill for his current condition. A previous UR dated 3/29/14 had modified the request to 6 tablets with zero refills, which should be sufficient for the patient's condition. Therefore, the request for Prescription of Cipro 500mg, #30 with 1 refill is not medically necessary.