

<b>Case Number:</b>	CM14-0060896		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 15, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar laminectomy; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated April 24, 2014, the claims administrator approved a request for Colace, approved a request for Dilaudid, and denied a request for Flomax. The applicant's attorney subsequently appealed. In a March 28, 2014 progress note, the applicant reported persistent complaints of low back pain, 7/10. The applicant was on Colace, Zanaflex, Dilaudid, Desyrel, Neurontin, Flomax, Viagra, Banoz ointment, glyburide, Mevacor, metformin, Janumet. Ativan, clobetasol, miconazole, it was stated. The applicant had issues with depression, it was stated. Per a urology medical-legal evaluator, the applicant had a history of erectile dysfunction and urinary dysfunction, it was suggested. The applicant was 40 years old, it was stated. Stated diagnoses on this occasion were lumbar radiculopathy, degenerative disk disease, low back pain, postlaminectomy syndrome, and mood disorder. Repeat epidural steroid injection therapy was sought. The applicant was asked to monitor his blood sugars. A psychiatry consultation was also endorsed. It was suggested that the applicant had been asked to continue Flomax at night per the recommendations of the urologist. The applicant had experienced symptoms of decreased urinary stream and urinary hesitancy, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flomax 0.4 MG Cap SIG: Take 2 at bedtime Quantity: 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) Drugs Aging. 2002; 19 (2): 135-61. Tamsulosin

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flomax® Capsules, 0.4 mg - FDA Home Page

**Decision rationale:** The MTUS does not address the topic of Flomax usage. However, as noted by the Food and Drug Administration (FDA), Flomax is indicated to treat signs and symptoms of benign prostatic hypertrophy. In this case, the applicant's presentation, which included decreased urinary stream, urinary hesitancy, difficulty initiating voiding, etc., all, taken together, do suggest the presence of benign prostatic hypertrophy for which ongoing usage of Flomax is indicated. Therefore, the request is medically necessary.