

Case Number:	CM14-0089523		
Date Assigned:	09/12/2014	Date of Injury:	05/15/2013
Decision Date:	10/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 51 year old male who was injured on 05/22/2007 when he fell off a flatbed truck, working as a laborer for construction. On note dated 02/12/2014, the patient reported complaints of prostatitis type symptoms. On exam, the phallus was uncircumcised and normal. The testicles were both descended with no nodules or masse. He had two bilateral varicoceles. He reported erectile dysfunction and pelvic discomfort. He was treated with antibiotics and instructed to follow-up in a month. Progress report dated 04/29/2014 states the patient presented with complaints of neck and mid back pain. He reported his dysuria has gotten worse. The patient's past medical history notes him as having had urinary tract infections. He was taking tamsulosin ER 0.4 mg and has been utilizing this medication since 03/04/2014. There was no prostate exam performed. The patient is diagnosed with dysuria. He medication was refilled, Tamsulosin HCL. Prior utilization review dated 05/05/2014 states the request for Tamsulosin HCL is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamsulosin HCL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

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: <https://www.4flomax.com/home>

Decision rationale: The CA MTUS and ODG guidelines are silent regarding the request. The guidelines recommend tamsulosin for the treatment of BPH or to facilitate in the passing of kidney stones. The clinical documents state the patient has been on tamsulosin for the treatment of dysuria and recurrent UTIs with no evidence of BPH. The clinical note from 07/29/14 states the patient continues to complain of severe dysuria despite use of tamsulosin. The patient has not scheduled an appointment with his Urologist as of the 07/29/14 appointment. The clinical documents did not justify the use of tamsulosin outside of current guidelines and the patient does not appear to be having any benefit from the medication. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.