

Case Number:	CM14-0091270		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2012
Decision Date:	11/13/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee, low back, mid back, and leg pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, and extensive periods of time off work. In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for Flomax. The claims administrator stated, somewhat incongruously, it was basing its decision on ACOEM Guidelines but then cited non-MTUS National Library of Medicine (NLM) Guidelines at the bottom of its report. The claims administrator stated that the attending provider has failed document issues with either hypertension or benign prostatic hypertrophy for which Flomax would be indicated. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant was seemingly given prescriptions for Flomax, along with Flexeril, Protonix, Norco, Colace, and Motrin. It was stated that the applicant had developed issues with urinary retention. The applicant was 52 years old, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax 0.4mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, Indications, and Usage: Flomax (Tamsulosin Hydrochloride) Capsule

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, Flomax is indicated in the treatment of benign prostatic hypertrophy, as is seemingly been present here. The applicant is 52 years old and had apparently developed issues with urinary retention, it was noted on April 29, 2014 progress note. Such symptoms are, in fact, suggestive of benign prostatic hypertrophy, given the applicant's age. Therefore, the request for Flomax was medically necessary.