

Case Number:	CM14-0188048		
Date Assigned:	11/19/2014	Date of Injury:	11/17/2011
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 an 11/17/11 date of injury. The patient was seen on 10/27/14 with complaints of bilateral shoulder pain, right shoulder pain and bilateral leg and feet pain. Exam findings revealed tenderness in the anterior aspect of the right shoulder and over AC joint and deltoid. The patient's blood pressure was 108/84, pulse was 81 and the weight was 190 pounds. There was 4/5 weaknesses in the forward flexion, internal rotation and abduction of the shoulders. The diagnosis is status post quadriplegic, status post cervical fusion, adhesive capsulitis of the right shoulder, bladder dysfunction, constipation, status post right shoulder arthroscopy and parasympathetic problems with the upper and lower extremities. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 10/20/14 for a lack of documentation indicating the relationship between BPH and the patient's injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamsulosin 0.4mg # 30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Flomax (Tamsulosin Hydrochloride).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Tamsulosin HCL is an antagonist of alfa 1A adrenoreceptors in the prostate and is prescribed to treat BPH. However, there is a lack of documentation indicating that the patient was diagnosed with BPH. In addition, there is a lack of documentation indicating the relationship of BPH and the industrial injury. Lastly, there is a lack of documentation indicating subjective and objective complaints that might support a diagnosis of BPH. Therefore, the request for Tamsulosin 0.4mg # 30 2 refills was not medically necessary.