

<b>Case Number:</b>	CM15-0008366		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 38 year old female, who sustained an industrial injury on 7/12/2007. On 1/15/15, the injured worker submitted an application for IMR for review of 30 Vesicare 5mg x2 refills. The treating provider has reported the injured worker complained of moderate lumbar pain with weakness, insomnia and urinary issues. Injured worker is reported to have taken Vesicare since 9/5/14 due to urinary incontinence related to prior surgery. The diagnoses have included sprain lumbar region. Treatment to date has included x-rays cervical spine, physical therapy, and medication. On 12/30/14 Utilization Review non-certified 30 Vesicare 5mg x2 refills. The ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Vesicare 5mg x2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Society of Obstetricians and Gynaecologists of Canada (SOGC). SOGC clinical practice guidelines: treatments for overactive bladder: focus on pharmacotherapy. J Obstet Gynaecol Can. 2012 Nov;34(11):1092-101. [82 references]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed. Solifenacin significantly improves all symptoms of overactive bladder syndrome. C R CHAPPLE,<sup>1</sup> L CARDOZO,<sup>2</sup> W D STEERS,<sup>3</sup> and F E GOVIER<sup>4</sup>. Abstract found at PubMed:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1619936/>

**Decision rationale:** Vesicare (Solifenacin) is a medication that has been very successful in drug trials in the treatment of overactive bladder. This patient is noted to have chronic urinary incontinence secondary to a surgical procedure that was necessary to treat a work man's comp injury, according to the provided documentation. A utilization review physician denied this request, stating that there was no documentation that this medication was helping the patient's urinary incontinence. A 12/17/2014 progress note specifically states that this medication has been "really helping" this patient's chronic urinary incontinence. Likewise, this request for the continued use of Vesicare is considered medically necessary.