

Case Number:	CM15-0134858		
Date Assigned:	07/23/2015	Date of Injury:	03/09/2009
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 59-year-old male who sustained an industrial injury 03/09/2009. Diagnoses/impressions include panic disorder, resolving; anxiety; history of urinary incontinence with neurogenic bladder secondary to lumbar spinal stenosis; and benign prostatic hypertrophy. Treatment to date has included medications and previous psychological therapy. The Panel Qualified Medical Evaluation (PQME) Urology notes on 4/9/14 stated the IW had a history of urinary incontinence which was due to neurogenic bladder secondary to the lumbar spinal stenosis. Urodynamic studies, uroflow studies and pelvic ultrasound were performed on 7/19/13 which supported the diagnosis of neurogenic bladder. However, his obstructive urinary complaints occurred prior to his industrial injury and were found to be caused by benign prostatic hypertrophy, which was considered non-industrial. According to the Medical Legal Report dated 2/12/15, the IW reported experiencing feelings of nervousness, physical trembling, shortness of breath, excessive perspiration, fear of losing control, chest pains, heart palpitations, social apprehension and increased autonomic hyper-arousal. These symptoms started soon after his industrial injury. He reported he was homeless and sometimes slept in his car. The case file contained many notes concerning the IW's anxiety, including an emergency room visit in 2014 for symptoms of a heart attack that was instead a panic attack. A request was made for Flomax 0.4mg, #30; Xanax 0.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax 0.4mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/11950378>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.accessdata.fda.gov/drugsatfda_docs/label/2009/020579s0261bl.pdfwww.drugs.com :
Flomax.

Decision rationale: The patient presents with low back and knee pain. He has hypertension; he has gastric problems and sleep apnea. The request is for Flomax 0.4mg quantity 30. The request for authorization is not provided. Provided progress reports are handwritten with minimal information. Physical examination of the lumbar spine reveals paravertebral muscle spasm, tenderness at the lumbosacral junction. Per final urological consultation report dated 08/02/13, diagnosis includes sexual dysfunction, non-organic; frequency urinary; incomplete bladder emptying; nocturia. Per progress report dated 05/08/15, the patient to remain off work. Per www.accessdata.fda.gov/drugsatfda_docs/label/2009/020579s0261bl.pdf, Flomax (Tamsulosin Hydrochloride) capsules are indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH) FLOMAX capsules are not indicated for the treatment of hypertension. Per www.drugs.com/flomax.html, Flomax (Tamsulosin) is an alpha-blocker that relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Flomax is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate). Provider does not specifically discuss this medication. Provided progress reports are handwritten with minimal information. Review of provided medical records provides no discussion from Provider regarding the patient's prostate problem. FDA supports Flomax for benign prostatic hyperplasia. Given the lack of sufficient documentation regarding the patient's prostate problem, the request does not meet guideline indications. Therefore, the request is not medically necessary.

Xanax 0.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with low back and knee pain. He has hypertension; he has gastric problems and sleep apnea. The request is for Xanax 0.5mg quantity 30. The request for authorization is not provided. Provided progress reports are handwritten with minimal information. Physical examination of the lumbar spine reveals paravertebral muscle spasm, tenderness at the lumbosacral junction. Per final urological consultation report dated 08/02/13, diagnosis includes sexual dysfunction, non-organic; frequency urinary; incomplete bladder

emptying; nocturia. Per progress report dated 05/08/15, the patient is to remain off work. MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Provider does not specifically discuss this medication. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, per UR letter dated 06/26/15, the patient has been prescribed Xanax since at least 04/10/14. Furthermore, the request for an additional Xanax quantity 30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.