

<b>Case Number:</b>	CM15-0141967		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/07/1998
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Arizona, California  
 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:

This 70 year old man sustained an industrial injury on 5-7-1998. The mechanism of injury is not detailed. Evaluations and procedures include echocardiogram dated 6-23-2014, electrocardiogram dated 4-23-2015, and treadmill dated 2-17-2015. Diagnoses include chest pain, benign hypertension, non-rheumatic tricuspid valve disorder, hyperlipidemia, pure hypercholesterolemia, esophageal reflux, pulmonary valve disorder, mitral valve disorder, cardiomegaly, diverticula of colon, hemorrhoids, premature beats, atrial premature beats, and insertion of drug-eluting stent. Treatment has included oral and topical medications and physical therapy. Physician notes dated 7-8-2015 show a prolonged trip to Europe that was extended and subsequent poor sleep and daytime fatigue. Recommendations include Transderm-scop, amoxicillin, Nadolol, Nitroquick, Isosorbide, Plavix, Lisinopril, Tamsulosin, and continue home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tamsulosin HCl 0.4mg ER Qty 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing House.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rev Urol. 2005; 7 (Suppl 4): S42/S48. PMCID: PMC1477608 Long-Term Efficacy and Safety of Tamsulosin for Benign Prostatic Hyperplasia Perinchery Narayan, MD, FACS and Hari Siva Gurunadha Rao Tunuguntla, MD, MS, MCh.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on Tamsulosin use. Tamsulosin is use for benign prostatic hyperplasia. The claimant does have a history of BPH. The symptoms and response to medication or length of use was not provided. It is also used for blood pressure control. In this case, the claimant had nocturia and hypertension. The claimant's symptoms and vitals were monitored. The continued use of Tamsulosin is medically necessary and appropriate.

**Amoxicillin 500mg Qty 100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Infectious Diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Chapter and pg 6 and Other Medical Treatment Guidelines, Guidelines from the American Heart Association, by the Committee on Rheumatic Fever, Endocarditis, and Kawasaki Disease. Circulation, 2007; 116: 1736-1754. Accessible at <http://circ.ahajournals.org/cgi/reprint/Circulationaha.106.183095>

**Decision rationale:** According to the guidelines, Amoxicillin is indicated for bites and skin and soft tissue infections. In addition, the referenced literature indicates it may be used as prophylaxis in high risk patients prior to dental procedures. In this case, the procedure was not noted. The Amoxicillin is recommended 2 hours before the procedure. The 100 tablets are excessive and unnecessary. The request for Amoxicillin is not medically necessary.