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| Case Number: | CM15-0165473 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 05/27/2014 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: North Carolina
 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 37 year old male, who sustained an industrial injury on May 27, 2014. The injured worker reported complaints of shortness of breath and nasal congestion secondary to chronic exposure to dust at work. The injured worker was diagnosed as having rhino sinusitis and hypertension. Treatment and diagnostic studies to date has included ultrasound echocardiogram, ultrasound of the kidneys, chiropractic therapy, laboratory studies, chest x-ray, computed tomography of the paranasal sinuses, x-ray of the sinuses, physical therapy, magnetic resonance imaging of the lumbar spine, and medication regimen. In a progress note dated June 23, 2015 the treating physician reports constant nasal congestion. Examination reveals an elevated blood pressure. The treating physician noted a computed tomography that was revealing for rhino sinusitis. The treating physician requested Flomax, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax: 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 PDR, flomax.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of BPH. The patient does not have these diagnoses due to industrial incident and therefore the request is not medically necessary.