

Case Number:	CM15-0168335		
Date Assigned:	09/09/2015	Date of Injury:	01/10/2007
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 42-year-old male who sustained an industrial injury on January 10, 2007 resulting in low back pain and subsequent uncontrolled loss of urine. Diagnosis is urinary incontinence. Documented treatment includes evaluation by a urologist who deemed this as industrially related, and the physician report of February 17, 2015 states he takes 20 mg. of Cialis per day as part of his treatment. The injured worker continues to report incontinence, and the treating physician's plan of care includes Vesicare 5 mg. This was denied due to lack of documentation regarding the need for this brand versus use of the generic form of this drug. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

VESIcare 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: VESIcare.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Solifenacin: Drug information. Topic 10313, version 105.0. UpToDate, accessed 10/06/2015.

Decision rationale: Vesicare (solifenacin) is a medication in the anticholinergic class. The MTUS Guidelines are silent on this issue. This medication is FDA-approved for the treatment of overactive bladder with symptoms such as needing to urinate more frequently than is usual, urgently and often without warning, or the ability to control the urine for specific reasons. This medication should be used cautiously in those who are older or who take certain medications, such as opioids, medical marijuana, or those that can prolong the QTc interval (a marker of the flow of electricity in the heart). The documentation indicated the worker was experiencing lower back pain, neck pain that went into the arms and related headaches, a type of sexual dysfunction, and problems controlling urine. Another medication was recommended for the sexual dysfunction and problems controlling urine and was prescribed to be used as needed. The recorded treatment recommendations included the addition of this medication for continued uncontrolled urine problems, but there was no discussion detailing the uncontrolled symptoms, suggesting how often the other medication was needed or used by the worker, specifying how the conclusion that solifenacin was needed in addition to the other medication was made, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Vesicare (solifenacin) 5mg is not medically necessary.