

Case Number:	CM15-0181110		
Date Assigned:	09/22/2015	Date of Injury:	02/22/2013
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 62 year old female who sustained an industrial injury on 02-22-2013. The injured worker was diagnosed with discogenic lumbar syndrome, sacroiliac (SI) sprain and strain and neurogenic bladder and right rotator cuff tear with ankylosis, depression, constipation and hemorrhoids. The injured worker is status post decompressive lumbar laminectomy in 2013 and a lumbosacral revision for cauda equina syndrome 5 days later. According to the treating physician's progress report on May 27, 2015, the injured worker continues to experience inability to empty bladder with intermittent self-catherization. Bladder spasms continue with high pressures. Examination demonstrated left costovertebral angle tenderness. The primary treating physician report on June 1, 2015 documented right heel pressure sore improving. Prior treatments included diagnostic testing, surgery, physical therapy, indwelling Foley catheter, self-catherization, bladder training, and wound care, home strengthening and stretching exercises and medications. Current medications were listed as Myrbetriq, Detrol LA, Tramadol, Lactulose, Gabapentin, Omeprazole and Nitrofurantoin. Treatment plan consists of routine urinalysis, ultrasound of the retro peritoneum-renal and the current request for Anucort-HC SUP 25mg #12. On 08-26-2015, the Utilization Review determined the request for Anucort-HC SUP 25mg #12 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anucort-HC SUP 25mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hemorrhoids Anne L. Mounsey, MD; Jacqueline Halladay, MD, MPH; and Timothy S. Sadiq, MD, University of North Carolina School of Medicine, Chapel Hill, North Carolina Am Fam Physician, 2011 Jul 15; 84 (2): 204-210.

Decision rationale: According to the referenced literature, rectal steroids and anti-inflammatories may be used for hemorrhoids. In this case, there is no mention of rectal exam showing the above. The use and direction for application, etc was not specified. The request for Anucort is not medically necessary.