

Case Number:	CM15-0191685		
Date Assigned:	10/05/2015	Date of Injury:	09/30/2003
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on September 20, 2003, incurring ribs and low back injuries. He was diagnosed with fractured ribs and lumbar disc herniation. An epidural steroid injection for back pain was performed in 2005 and the injured worker developed complications including avascular necrosis of the hips, urinary retention, weak stream and hesitancy. Treatment included pain medications, antidepressants, muscle relaxants, sleep aides and anti-inflammatory drugs. He underwent right hip decompression in April, 2007, hip replacement in October, 2007 and right shoulder surgery in July 2005. In September, 2009 he underwent surgical video urodynamic, cystogram and voiding studies. He had a bladder stimulator implanted to help with urination. He was started on Flomax and Bethanecol for his urinary symptoms but discontinued them secondary to severe side effects. He was diagnosed with nocturia, urinary frequency, and urgency. Currently, the injured worker complained of worsening urinary frequency and urgency interfering with his quality of life and activities of daily living. The treatment plan that was requested for authorization on September 29, 2015, included one prescription of Rapaflo 4 mg #30 with 3 refills. On September 4, 2015, a request for a prescription of Rapaflo was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Rapaflo 4 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a609002.html>.

Decision rationale: Pursuant to Medline plus, Rapaflo 4mg #30 with three refills is not medically necessary. Silodosin is used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia; BPH), which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency. Silodosin is in a class of medications called alpha-blockers. It relieves the symptoms of BPH by relaxing the muscles of the bladder and prostate. In this case, the injured worker's working diagnoses are urgency frequency syndrome; weak urine stream; herniated disc; depression; shoulder injury; hip replacement and back injury. Date of injury is September 20th 2003. Request for authorization is June 17, 2015. According to a progress note dated September 24, 2009, the treating provider indicates the injured worker developed urinary hesitancy. According to a June 17, 2015 progress note, the injured worker was prescribed Flomax in 2009. The injured worker did not consume the entire prescription. The injured worker restarted the medication and developed stomach cramping. The treating urologist prescribed rapaflo 4mg milligram. There is no documentation of (BPH) benign prostatic hypertrophy in the medical record. There is no documentation indicating the prior epidural steroid injection is related to benign prostatic hypertrophy. There is no causal relationship between the epidural steroid injection and benign prostatic hypertrophy. It appears the treating provider is relating the epidural steroid injection to a possible spinal cord injury. Rapaflo with not be of any benefit to the injured worker in the presence of a possible spinal cord injury or nerve root injury. As a result, there is no clinical rationale or clinical indication for Rapaflo. Additionally, there is no clinical indication for three refills. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Rapaflo 4mg #30 with three refills is not medically necessary.