

<b>Case Number:</b>	CM15-0197823		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 54 year old male, who sustained an industrial injury on 3-06-2012. The injured worker was diagnosed as having displaced cervical intervertebral disc, other brachial neuritis-radiculitis, neck sprain-strain, post-traumatic headache, and carpal tunnel syndrome. Treatment to date has included diagnostics, left shoulder surgeries, physical therapy, cervical facet injections, home exercise, and medications. Currently (9-21-2015), the injured worker complains of chronic neck pain, bilateral shoulder pain, and upper extremity pain with paresthesias, as well as headaches. Urinary complaints were not currently noted. Pain was currently rated 6 out of 10, with pain ranging between 4-6. Medications included Iansoprazole, Ditropan XL (since at least 4-2015), Cymbalta, Naproxen, Midrin, Pamelor, and Lidoderm patch. Topamax was discontinued due to ineffectiveness. An exam of the cervical spine was noted. Work status was not specified. The treatment plan included Oxybutynin Chloride ER 5mg #30, non-certified by utilization Review on 9-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxybutynin Chloride ER 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/drugs-supplements/oxybutynin-oral-route/description/drg-20065229>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, oxybutnin.

**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 overactive bladder and bladder incontinence. The patient does not have the diagnoses due to industrial incident due to industrial incident or exacerbated by industrial incident. Therefore, the request is not medically necessary.