

Case Number:	CM15-0199425		
Date Assigned:	10/15/2015	Date of Injury:	11/01/2006
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male who sustained an industrial injury on 11-1-06. A review of the medical records indicates he is undergoing treatment for status post cervical discectomy and fusion C3-4 and C4-5, status post left L4-5 and L5-S1 hemi laminectomy and facetectomy, status post revision C3-C6 ACDF surgery, gastritis and gastroesophageal reflux disease, episodes of lower gastrointestinal bleed with finding of internal hemorrhoids, hypertension and angina, chronic depression and anxiety, and overactive bladder and erectile dysfunction. Medical records (7-13-15, 7-30-15, 8-18-15, 8-25-15, and 9-2-15) indicate that the injured worker is being followed by a urologist, who is prescribing Flomax. The 9-2-15 record indicates that he has "newly-found renal insufficiency". The treating provider indicates that he presented to the hospital twice for blood in his urine and "blood clots". The urologist "told him he may have a left kidney stone". The record also indicates that he is seeing another urologist "outside of workman's comp" that has scheduled him for "kidney surgery on 9-11-15". The injured worker reports ongoing left upper quadrant abdominal and flank pain. Tenderness to palpation is noted over the left upper quadrant of his abdomen. Laboratory studies on 8-11-15 include a creatinine of 1.98, which is noted to be "elevated". A blood urea nitrogen level on 10- 10-13 is noted to be 12. The 9-2-15 record indicates that Flomax is prescribed for "urinary incontinence". The 8-25-15 record indicates that "urodynamic studies" were performed "which demonstrated low capacity bladder with an early urge to urinate". The record states that the urologist "opined that this may be due to Enablex, benign prostatic hypertrophy, and a neurogenic bladder". He was started on Flomax

0.4mg daily. "Penile Doppler" studies were also performed with "findings suggestive of avascular component to his erectile dysfunction". The 8-25-15 record states that Flomax was started "to relieve his obstruction and improve his voiding symptoms". On 8-9-15, the injured worker "started having kidney problems and was admitted to the hospital and diagnosed with a 5 millimeter kidney stone and swelling of the left kidney". The utilization review (9-10-15) includes a request for authorization of "Flowmax". The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flowmax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/2/drug-4154/flowmax-oral/details.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/flomax.

Decision rationale: This 45 year old male has complained of neck pain, low back pain, hypertension, dizziness, gait disturbance, depression and gastroesophageal reflux disease since date of injury 11/1/2006. He has been treated with surgery, physical therapy and medications. The current request is for flomax. The available medical records document ongoing persistent symptomatology of dizziness and lightheadedness, both of which may be exacerbated by the use of flomax. There is inadequate provider rationale regarding the necessity of use of this medication in light of the potential harmful side effects. On the basis of the available medical records and per the guidelines cited above, flomax is not indicated as medically necessary in this patient.