MAXIMUS Federal Services

Case Number:	CM15-0024452		
Date Assigned:	02/17/2015	Date of Injury:	10/15/2009
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial related injury on 10/15/09. The injured worker had complaints of lower back pain. Diagnoses included lumbar back pain with radiculopathy, spinal/lumbar degenerative disc disease, urinary dysfunction, and post lumbar laminectomy syndrome. Treatment included acupuncture, H-wave use, and physical therapy. Medications included Zanaflex, Trazodone, Gabapentin, Flomax, Lidoderm patch, Hydromorphone, and Lorazapam. The treating physician requested authorization for Flomax 0.4mg cap #90 and Trazodone 50mg tab #60. On 1/15/15 the requests were non-certified. Regarding Flomax, the utilization review (UR) physician cited the National Institutes of Health and noted there was no documentation of an enlarged prostate to warrant Flomax usage. Regarding Trazodone, the UR physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no indication to the level of relief from previous usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax 0.4mg/cap #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse Guideline on the management of benign prostatic hyperplasia (BPH). Bibliographic Source(s) American Urological Association Education and Research, Inc. Guideline on the management of benign prostatic hyperplasia (BPH). Linthicum (MD): American Urological Association Education and Research, Inc.; 2010. 34 p. Guideline Status This is the current release of the guideline. This guideline updates a previous version: American Urological Association, Inc. The management of benign prostatic hyperplasia. Baltimore (MD): American Urological Association, Inc.; 2003. Various p. [135 references]

Decision rationale: Flomax (Tamsulosin hydrochloride) is an antagonist of alpha 1A adrenoceptors in the prostate. The capsules are indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Flomax capsules are not indicated for the treatment of hypertension. Submitted reports have not demonstrated indication, symptom complaints, clinical findings, or diagnosis to support for its use. The Flomax 0.4mg/cap #90 is not medically necessary and appropriate.

Trazadone 50mg/tab #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury. The Trazadone 50mg/tab #60 with 3 refills is not medically necessary and appropriate.