

<b>Case Number:</b>	CM15-0218030		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	08/17/1993
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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:

This is a 60 year old male who sustained a work-related injury on 8-17-93. He reported an injury to his back when his ankle gave out and he fell on his face and twisted his lower back. Medical record documentation on 10-1-15 revealed the injured worker was being treated for post-laminectomy syndrome, dorsalgia, pain in the left knee and left ankle instability. He reported a pain rating of 5 on a 10-point scale with medications and a pain rating of 9 on a 10-point scale without medications. His medication regimen included Tizanidine hcl 4 mg, Senokot-s Tablet, Nuvigil 150 mg, Rapaflo 8 mg (since at least 6-16-15), Flexeril 5 mg, Neurontin 300 mg, Oxycodone hcl 15 mg, Cymbalta 30 mg, Aspirin 81 mg, Lisinopril 5 mg and Avodart 0.5 mg. Documentation revealed the injured worker had an intrathecal pump placed in 2004, which caused urinary difficulties for which he was given Flomax. Objective findings included an antalgic gait assisted by walker and restricted lumbar spine range of motion. He had tenderness to palpation of the lumbar paraspinal muscles and negative bilateral lumbar facet loading tests. His straight leg raise test was negative. He had tenderness to palpation over the medial joint line of the knee and his sensation to light touch was diminished over the bilateral thighs and left foot. The evaluating physician noted that the injured worker used Rapaflo at the recommendation of his urologist for urinary hesitance related to the intrathecal pump placement. A request for Rapaflo 8 mg #30 was received on 10-2-15. On 10-9-15, the Utilization Review physician determined Rapaflo 8 mg #30 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rapaflo 8 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmedhealth](http://www.ncbi.nlm.nih.gov/pubmedhealth).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Management of Benign Prostatic Hyperplasia. JONATHAN L. EDWARDS, MD, Barberton Citizens' Hospital, Barberton, Ohio Am Fam Physician. 2008 May 15; 77(10): 1403-1410.

**Decision rationale:** According to the literature, medications such as Avodart are appropriate for BPH. Rapaflo is an alpha-blocker which is also used for BPH. The claimant was on both medications. Recent notes indicate that the claimant was on Rapaflo for several months. The claimant remains on an intrathecal pump, which causes urinary retention. The use of Rapaflo was requested by the claimant's urologist. Continued use is appropriate.