

Case Number:	CM15-0033154		
Date Assigned:	02/27/2015	Date of Injury:	01/15/1999
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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 59 year old male, who sustained a work/ industrial injury on 1/15/99. Mechanism of injury was not documented. He has reported symptoms of urinary problems that included weak stream, incomplete emptying, and straining during urination along with erectile dysfunction s/p back surgery five years prior. Prior medical history includes hyperlipidemia, arthritis, angina and lumbar disc surgery L4-5 and shoulder surgery. The diagnoses have included lower urinary tract and erectile dysfunction. Treatments to date included medication, diagnostics, and consultation. Diagnostics included a urinalysis on 10/30/14 revealing mild hematuria and bladder scan to check post void residual. Medications included Norco, Fexmid, Protonix, Fentanyl patch, Terocin patch, Celebrex, Cyclobenzaprine, Hydrocodone, Lyrica, Nortriptyline, and Simvastatin. The treating physician's report (PR-2) from 1/21/15 indicated the IW continued to heal from the right total knee arthroplasty on 12/2/14. The IW complained of back pain rated 5/10. Examination noted positive straight leg raise test bilaterally but improved on the right side. The right knee was moderately swollen and warm to touch with decreased range of motion. A urology consult dated 10/30/14 indicated urological problems to include weak stream, incomplete emptying, and straining with voiding. A bladder scan revealed 168 ml of urine. A request was made for medication for treatment. On 2/5/15, Utilization Review non-certified Lidoderm 5% patch QTY: 2 boxes, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 2/5/15, Utilization Review non-certified a Simple/Complex Uroflowmetry; Flomax 0.4mg QTY: 30; and Viagra 100mg QTY: 3 with 1 refill, citing the Non-MTU S, American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simple/Complex Uroflowmetry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: Adult urodynamics: American Urological Association (AUA)/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) guideline.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 59 year old male has complained of low back pain and right knee pain since date of injury 1/15/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for simple/complex uroflowmetry. Per the ACOEM guidelines cited above, urine flowmetry is not indicated in the evaluation and treatment of back pain. On the basis of the available documentation and per the MTUS guidelines cited above, urine flowmetry is not indicated as medically necessary.

Flomax 0.4mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: Guideline on the management of benign prostatic hyperplasia (BPH), American Urological Association Education and Research, Inc.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 59 year old male has complained of low back pain and right knee pain since date of injury 1/15/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for flomax. Per the ACOEM guidelines cited above, flomax is not indicated in the evaluation and treatment of back pain. On the basis of the available documentation and per the MTUS guidelines cited above, flomax is not indicated as medically necessary.

Viagra 100mg QTY: 3 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 March.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: This 59 year old male has complained of low back pain and right knee pain since date of injury 1/15/99. He has been treated with lumbar spine surgery, right knee surgery, physical therapy and medications. The current request is for viagra. Per the ACOEM guidelines cited above, viagra is not indicated in the evaluation and treatment of back pain. On the basis of the available documentation and per the MTUS guidelines cited above, viagra is not indicated as medically necessary.

Lidoderm 5% patch QTY: 2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 59 year old male has complained of low back pain, right knee pain, erectile dysfunction and urinary symptoms since date of injury 1/15/99. He has been treated with right knee surgery, lower back surgery physical therapy and medications. The current request is for Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.