

Case Number:	CM15-0043981		
Date Assigned:	03/16/2015	Date of Injury:	01/03/2013
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 1/3/13. He reported he has neck pain related to the industrial injury resulting from blunt trauma. The injured worker was diagnosed as having spinal cord injury; cervical degenerative disc disease, lumbar degenerative disc disease; neuropathic pain. Treatment to date has included cervical spine MRI-myelomylacia; status post cervical two stage anterior and posterior fusion discectomy C3-C4, C4-C5 and C5-C6 (5/5/13); TENS unit; medications. Currently, per PR-2 notes dated 2/4/15, the injured worker complains of ongoing intermittent neck pain and will radiate to the occiput region. The examination notes muscle tightness in his neck and the TENS unit needs replaced. A progress report dated August 27, 2014 recommends urologic consultation for possible neurogenic bladder. The note indicates that the patient "denies urine issues," and states that decreasing Elavil has greatly improved his urination. A report from March 2014 indicates that the patient has urinary flow issues. The patient has quadraparesis with hyperreflexia and urinary hesitancy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax 0.4mg once a day every 12 hours #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/flomax.html>.

Decision rationale: Regarding the request for Flomax, California MTUS and ODG do not address the issue. The FDA states Flomax is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Additionally, Flomax may be used for the treatment of neurogenic bladder due to spinal cord injury. Within the documentation available for review, notes indicate that the patient has difficulty initiating urinary flow likely related to his spinal cord injury. Most recent notes indicate that the patient complains of no urinary issues while he takes Flomax. This likely indicates improvement in his urinary complaints as a result of starting Flomax. Additionally, recommendation was made to see a urologist. A urologist may be able to better assess the patient and determine if ongoing Flomax is needed, or if other interventions might be more helpful. Continuing Flomax for at least one more month to allow urological consultation to take place is therefore reasonable. As such, the currently requested Flomax is medically necessary.