

<b>Case Number:</b>	CM15-0061635		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 6/24/2011. He reported bilateral shoulder pain after helping to lift a 400-pound patient. The injured worker was diagnosed as having C2 quadriplegia, amyotrophic lateral sclerosis, neurogenic bladder, and neurogenic bowel. Treatment to date has included medications, and magnetic resonance imaging. The request is for Tamsulosin 0.4mg #30. On 3/9/2015, he was seen by the primary treating physician. He did not report any drooling. He is eating 2 meals daily without swallowing difficulty. He continues to refuse a feeding tube, Riluzole, or an antidepressant, and does not want ventilation. He reports being able to void without catheterization, and uses the commode for bowel movements. He continues to have neck pain and upper back pain, which he indicates is tolerable with pain medications. He continues to require 2 caregivers 24 hours a day. The treatment plan included urine drug screen, continuation of caregivers around the clock, and medications. Medications are listed as Baclofen, Cholecalciferol, Oxybutynin ER, Tamsulosin, Bisacodyl, Oxycodone/Acetaminophen, and Polyethylene Glycol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Caps of Tamsulosin .4 MG:** Upheld

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

**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:** Tamsulosin is indicated for benign prostatic hyperplasia. In this case, the claimant had a neurogenic bladder. There was no documentation of BPH. The claimant had already been on a medication for improving incontinence (Oxybutinin). The use of Tamsulosin is not justified and therefore not medically necessary.