

Case Number:	CM15-0010928		
Date Assigned:	01/28/2015	Date of Injury:	01/09/1991
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Massachusetts

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 a 61 year old male, who sustained an industrial injury on 1/9/91. He has reported chronic low back pain related to a spinal cord injury. The diagnoses have included lumbar degenerative disc disease, cervical and lumbar myelopathy and congestive heart failure. Treatment to date has included intrathecal pain pump, oral medications, walker and diagnostic studies. As of the PR2 dated 8/7/14, the injured worker reported no change in symptoms. He is continuing care with cardiology, pain management and urology. The treating physician sees the injured worker every six months. The treating physician requested to continue current medications including Flomax, Xarelto, Baclofen and Nexium. On 12/22/14 Utilization Review non-certified a request for Flomax, Baclofen and Nexium and modified a request for Xarelto to Xarelto 10mg x 1 month supply. The utilization review physician cited the Mosby's drug consult, MDconsult.com and the MTUS guidelines for chronic pain medical treatment. On 1/20/15, the injured worker submitted an application for IMR for review of Flomax, Xarelto, Baclofen and Nexium written on 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flomax date of service 08/07/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinary Retention in Adults: Diagnosis and Initial Management. Am Family Physician. 2008 Mar 1;77 (5):643-650.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for the sequela of an incomplete spinal cord injury. He has a neurogenic bladder managed with intermittent catheterization. Flomax is indicated for the treatment of benign prostatic hypertrophy and is used 'off label' for the short-term treatment of post-operative urinary retention and in the treatment of neurogenic bladder as in this case. It is therefore medically necessary.

Xarelto date of service 08/07/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Xarelto prescribing information

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for the sequela of an incomplete spinal cord injury. Medications had previously included coumadin. Indications for Xarelto include for the prophylaxis and reduction in the risk of recurrence of DVT as in this case. The claimant has discontinued treatment with warfarin and therefore this medication is medically necessary.

Baclofen date of service 08/07/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for the sequela of an incomplete spinal cord injury. He has a neurogenic bladder managed with intermittent catheterization. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries as in this case. It is medically necessary.

Nexium date of service 08/07/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for the sequela of an incomplete spinal cord injury. Medications include Nexium taken for reported gastrointestinal symptoms related to oral medications. The claimant does not take a non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant has a history of dyspepsia and is being prescribed venlafaxine, an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do recommend that a proton pump inhibitor such as Nexium be prescribed.