

Case Number:	CM15-0110483		
Date Assigned:	06/17/2015	Date of Injury:	11/19/2001
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

This 53-year-old female sustained an industrial injury to the low back on 11/19/01. Previous treatment included magnetic resonance imaging, lumbar fusion (9/2014), physical therapy, epidural steroid injections and medications. The injured worker underwent left carpal tunnel release on 3/24/15. In a PR-2 dated 5/20/15, the injured worker complained of ongoing low back pain. Physical exam was remarkable for tenderness to palpation over the left wrist with dressing in place, clean, dry and intact and tenderness to palpation over bilateral sacroiliac joints. The physician noted that the injured worker was very upset and tearful due to insurance denial of medications. The physician also noted that the injured worker had been recommended to use gastrointestinal protective medications and medications for constipation due to a redundant floppy colon with adhesions. Current diagnoses included pain in joint lower leg. The treatment plan included a psychiatric consultation, a psychology referral for psychotherapy, transportation to and from appointments, urology referral for evaluation of pelvic discomfort and hematuria, renewing medications (Oxycodone and Ditropan) and discontinuing Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ditropan 5mg quantity 30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ditropan Prescribing Information.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, she had increased low back pain, pelvic pain, and gastrointestinal issues. There was an antalgic gait with a cane. There was left wrist and bilateral sacroiliac joint and greater trochanteric bursa tenderness. There was mild left foot swelling. There was hyporeflexia with decreased lower extremity sensation. She was referred for further evaluation of pelvic discomfort and hematuria. Ditropan is indicated for the treatment of detrusor over-activity where conservative measures have failed. In this case, the nature of the claimant's bladder dysfunction has not been determined and she is being referred for further evaluation. Whether she has detrusor over activity or decreased bladder contractility is not known. There is no upper motor neuron condition or long tract signs. The request is not medically necessary.