

Case Number:	CM15-0120645		
Date Assigned:	07/01/2015	Date of Injury:	07/23/2013
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 57-year-old male who sustained an industrial injury on 7/23/2013 resulting in a traumatic brain injury. He has a diagnosis of bladder disorder and has been treated with Vesicare. Effectiveness of this treatment is not described in the presented documentation. The treating physician's plan of care includes Oxybutynin ER 10 mg. The injured worker is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxybutynin ER 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health, Natinoal Library of Medication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oxybutynin: Drug information. Topic 9728, version 127.0. Up-to-date, accessed 07/28/2015.

Decision rationale: Oxybutynin is a medication in the urinary antispasmodic class. The MTUS Guidelines are silent on this issue. Oxybutynin is FDA-approved for the treatment of symptoms of overactive bladder, such as urinary urgency, frequency, and leakage. The extended-release form is approved for the treatment of symptoms of detrusor over-activity from neurologic conditions, such as spina bifida. The submitted documentation indicated the worker was experiencing false smells, irritability, and eye problems. There was no discussion detailing any of the above conditions or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of oxybutynin-ER 10mg is not medically necessary.