

<b>Case Number:</b>	CM15-0032489		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: North Carolina  
 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 a work related injury on 7/23/13. He fell 5 to 10 feet off of his truck while cleaning windows and hit head suffering a closed head injury. He lost consciousness at the scene. The diagnoses have included head trauma with loss of consciousness, posttraumatic tinnitus, posttraumatic chronic daily headaches with migraine component, disorder of sleep and arousal; rule out obstructive sleep apnea, psychological factors affecting physical condition with post concussive syndrome, cervical sprain/strain and anosmia and dysgeusia. Treatments have included medications, physical therapy, occupational therapy, physical medicine and rehabilitation treatment and individual cognitive behavioral psychotherapy sessions. In the Extended Consult - Interpretation note dated 1/14/15, the injured worker complains of having no taste or smell relative to food or odors. His wife states he becomes transiently agitated at times. He has anger and agitation. He reports no pain issues. The treatment plan includes a written prescription for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vesicare 5mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, vesicare.

**Decision rationale:** The California MTU, ODG and the ACOEM do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of urinary incontinence. The patient does not have this as a primary diagnosis associated with industrial incident. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.