

<b>Case Number:</b>	CM15-0039579		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/12/1970
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 an 82-year-old male, who sustained an industrial injury on March 12, 1970. The injured worker was diagnosed as having traumatic brain injury. Treatment to date has included left metallic AFO, durable medical equipment, medications and in-home supportive services. Currently, the injured worker complains of has extremely limited mobility and uses a left metallic AFO, uses a hospital bed, requires intermittent catheterization and received in-home care. His neurological examination was essentially unchanged from prior visits and the injured worker has no volitional movement of the left upper extremity. His treatment plan includes a trial of Flomax to help with urine outlet obstruction, as the injured worker requires intermittent catheterization at least twice per day and has frequent urine infections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flomax 0.4mg, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rlist.com/flomax-drug.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Flomax FDA approved package insert.

**Decision rationale:** The patient is an 82-year-old male with a severe injury on 03/12/1970. He has a neurogenic bladder. He requires intermittent urinary catheterization and has had bladder infections. There is no documentation of benign prostatic hypertrophy - which is the only FDA approved indication for Flomax. Flomax is not FDA approved treatment for a neurogenic bladder and is not medically necessary for this patient.