MAXIMUS Federal Services

Case Number:	CM15-0064855		
Date Assigned:	04/10/2015	Date of Injury:	01/27/2001
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male who sustained an industrial injury on 01/27/2001. Current diagnoses include neurogenic bladder and hypogonadism. Previous treatments included medication management. Report dated 03/10/2015 noted that the injured worker presented with complaints that included bladder issues. The physician noted that the injured worker has tried Ditropan but this causes excessive dry mouth. Physical examination was positive for abnormal findings. The treatment plan included performing a urinalysis, follows up in two months or earlier, and started Myrbetriq. Disputed treatment includes Myrbetriq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myrbetriq 50mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Care Excellence (NICE). Mirabegron for treating symptoms of overactive bladder. London (UK).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/myrbetriq.html.

Decision rationale: The MTUS Guidelines and ODG do not address the use of Myrbetrig for neurogenic bladder. Per drugs.com, Myrbetriq (mirabegron) reduces muscle spasms of the bladder and urinary tract. Myrbetriq is used to treat overactive bladder with symptoms of frequent or urgent urination and urinary incontinence. The injured worker has been treated previously with Ditropan but experienced side effects. A trial of Myrbetrig is appropriate, however 12 months of medication was prescribed. The treatment plan includes a follow up in two months or earlier, which would provide a sufficient trial period to determine if Myrbetriq is effective and to assess for side effects. Utilization review had recommended modification of this request for a one-month period. The request for Myrbetriq 50mg #30 with 11 refills is determined to NOT be medically necessary.