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| Case Number: | CM15-0067229 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 05/12/2006 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: 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 46 year old female with an industrial injury dated May 12, 2006. The injured worker diagnoses include displacement cervical intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, degeneration of cervical intervertebral disc and pathologic fracture of vertebrae. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/02/2015, the injured worker reported pain in the lower back, thoracic spine neck, bilateral arms and wrists. The injured worker also reported that the pain radiates to the bilateral upper extremities, left hand, left fingers, right hand, right fingers, neck and hand. The treating physician prescribed Oxybutynin Chloride 5mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxybutynin Chloride 5mg #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 physician desk reference, oxybutynin.

Decision rationale: The California MTUS, ACOEM and the ODG do not address the requested medication. The Physician Desk Reference states the requested medication is indicated for the diagnosis of overactive bladder. The patient does not have this diagnosis. Therefore the medication is not medically necessary and the request is not certified.