

Case Number:	CM15-0067406		
Date Assigned:	04/15/2015	Date of Injury:	06/20/1997
Decision Date:	05/14/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 20, 1997. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve a request for terazosin. The claims administrator referenced an RFA form received on April 2, 2015 and a progress note of April 1, 2015 in its determination. The claims administrator stated that the attending provider failed to outline a clear role for terazosin. On April 1, 2015, the applicant, a 57-year-old female, received the intrathecal pain pump as well as refills of Celebrex, hydrochlorothiazide, and terazosin. It was stated that in the GU review of systems that the applicant was using terazosin to help with bladder control. All in all, the progress note contained little in the way of references to the need for terazosin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terazosin 2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinic Guideline Centre, Urinary incontinence in neurological disease, Management of lower urinary tract dysfunction in neurological disease. London (UK): National Institute for Health and Clinical Excellence

(NICE); 2012 Aug. 40 p. (Clinical guideline; no. 148).Conservative treatment In: Lucas MG, Bedretdinova D, Bosch JLHR, Burkhard F, Cruz F, Nambiar AK, de Ridder DJMK, Tubara A, Pickard RS. Guidelines on urinary incontinence Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. p. 27-49 [153 references].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation US Food and Drug Administration HYTRIN® (terazosin hydrochloride).

Decision rationale: No, the request for terazosin (Hytrin) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations. Here, however, the attending provider has failed to outline a clear role or a clear basis for ongoing usage of Hytrin (terazosin) here. The Food and Drug Administration (FDA) notes that terazosin is indicated in the treatment of symptomatic benign prostatic hypertrophy and/or in the treatment of hypertension. Here, however, the attending provider seemingly suggested that the applicant had issues with urinary incontinence. This is not, thus, an FDA-approved role for terazosin (Hytrin). The applicant is female, effectively arguing against the presence of benign prostatic hypertrophy. Therefore, the request was not medically necessary.