

<b>Case Number:</b>	CM15-0077128		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/12/1999
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old male, who sustained an industrial injury on 12/12/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post cervical laminectomy syndrome, status post cervical five through seven anterior cervical discectomy and fusion, pain in the shoulder joint, bilateral lateral epicondylitis, brain injury not elsewhere classified with no coma, post lumbar laminectomy syndrome, and status post lumbar four to five laminectomy. Treatment to date has included above listed procedures, medication regimen, and status post colonoscopy. In a progress note dated 03/13/2015 the treating physician reports complaints of pain to the low back and neck along with complaints of dizziness and balance issues that cause him to fall unless he has something to hold onto. The treating physician also noted that that the injured worker has urinary symptoms. The treating physician requested the medication of Tolterodine Tartrate Extended Release (Detrol LA) that this medication was prescribed for the injured worker's bladder urgency with incontinence and noted that this medication has been working well for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tolterodine tartrate ER 2mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 64 year old male has complained of neck pain, low back pain, shoulder pain since date of injury 12/12/99. He has been treated with surgery, physical therapy and medications. The current request is for Tolterodine tartrate ER 2 mg. Tolterodine is a medication used to treat an overactive bladder and symptoms of urinary frequency, urgency and incontinence. The available medical records do not document symptoms of an overactive bladder, urinary frequency, urgency and incontinence. On the basis of the available medical records and per the reference cited above, Tolterodine is not medically necessary.