

Case Number:	CM13-0042674		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2009
Decision Date:	08/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52year old male who was injured on 12/2/2009. Due to the resultant injury, patient is status post anterior cervical discectomy fusion (ACDF) neck fusion at C5-C6 and C6-C7. Per the records reviewed, he also carries diagnoses of allergic rhinitis, hypothyroidism, GERD and hyperlipidemia. Prior treatment history has included Guaifenesin 400 mg, Norco 10/325 mg, Ibuprofen 800 mg, Neurontin 300 mg and Flexeril 10 mg. Per the records reviewed, since the patient's neck surgery, he has been complaining of dysphagia and difficulty with thick secretions in his throat. He was evaluated by an ENT, who stated that the patient's symptoms are related to the cervical spine surgery where the anterior plate is compressing the patient's esophagus. The patient was started on Guaifenesin to help control his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF GUAIFENESIN 400MG #60: Overturned

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 Academy of Otolaryngology-Head and Neck Surgery, Inc. http://www.entassociates.com/post_nasal_drip.htm.

Decision rationale: According to American Academy of Otolaryngology, Guaifenesin is a mucolytic medication that is recommended for post nasal drip. Post nasal drip can be caused by allergic rhinitis, infectious processes (ie. Viral or bacterial infection), structural ENT abnormalities, and GERD. When no specific cause for post nasal drip has been identified, mucous thinning agents such as guaifenesin can be employed to thin secretions, which is particularly helpful in the elderly. Since the patient has a history of rhinosinusitis and GERD, and is complaining of difficulty with thick secretions in his throat, he would benefit from Guaifenesin. Therefore, the request is medically necessary according to the guidelines.