

Case Number:	CM13-0056187		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2010
Decision Date:	05/05/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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, Pulmonary Diseases, 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 injured worker is a 53-year-old female who reported an injury on 05/07/2010. The injured worker reportedly suffered an injury as the result of a chemical cleaner. The injured worker is currently diagnosed with cough, variant occupational asthma, chemical hypersensitivity, rhinosinusitis, dyslipidemia, and fatty liver. The injured worker was evaluated on 10/24/2013. The injured worker reported a recent asthma attack. Objective findings included expiratory wheezes. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINGULAIR 10MG: 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 U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014(online version www.nlm.nih.gov)

Decision rationale: Singular is used to prevent wheezing, difficulty breathing, chest tightness, and coughing caused by asthma. As per the documentation submitted, the injured worker has

utilized this medication since 2012. There is no specific documentation indicating efficacy with prior use of this medication. The injured worker continues to present with symptoms of watery eyes, swelling in the sinus area, and asthma. The injured worker recently suffered an asthma attack. Without evidence of objective improvement, the ongoing use of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

PALANOL, 1 DROP PER EYE EACH DAY: 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 U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014(online version www.nlm.nih.gov)

Decision rationale: Patanol is used to treat the symptoms of allergic pinkeye. The injured worker does not maintain a diagnosis of allergic pinkeye. Physical examination on the requesting date of 10/24/2013 revealed normal findings. The medical necessity has not been established. Therefore, the request is non-certified.