

Case Number:	CM13-0059284		
Date Assigned:	02/03/2014	Date of Injury:	07/26/2012
Decision Date:	05/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Virginia and Washington, DC. 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:

This is a 34 year old female who sustained injury on July 26, 2012, after using cleaning solution. She then suffered from nose irritation and shortness of breath. She was seen by [REDACTED] who diagnosed her with cough variant asthma which was thought to be caused by working with volatile cleaning solvent for 1 week. She was advised to wear a mask and was prescribed multiple medications: albuterol nebulizer, benadryl, budesonide, albuterol inhaler, flonase nasal spray, saline spray. Prior to this, she was prescribed a QVAR inhaler and flonase nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUTICASONE NASAL SPRAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Intranasal Antihistamines, Flovent; as well as the uptodate.com website.

Decision rationale: This patient was diagnosed with cough variant asthma as a result of occupational exposure to a chemical solvent. Per the Official Disability Guidelines, the use of a

Flonase nasal spray, a nasal corticoid, plus the use of intranasal antihistamine is effective in both allergic rhinitis and non-allergic vasomotor rhinitis. For cough variant asthma, the mainstays of therapy are glucocorticoids and bronchodilators. For this patient's medical condition of cough variant asthma, Fluticasone nasal spray is not medically indicated. Therefore, the requested Fluticasone nasal spray is not medically necessary or appropriate.

ALBUTEROL HFA INHALER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

Decision rationale: Per the Official Disability Guidelines, inhaled corticosteroids are the most effective long-term control therapy for asthma. The Guidelines state that the treatment of occupational asthma is identical to other forms of this condition. This patient was diagnosed with asthma. The use of albuterol is medically indicated. Therefore, the requested albuterol inhaler is medically necessary and appropriate.

QVAR 40MG W#1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

Decision rationale: Per the Official Disability Guidelines, inhaled corticosteroids are recommended as a first line choice for the management of asthma. In this case, the patient was having symptoms and was diagnosed with an asthma condition. The addition of QVAR is indicated for this patient. Therefore, the requested QVAR is medically necessary and appropriate.

BUDESONIDE RESPIRATORY SOLUTION FOR USE WITH NEBULIZER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Inhaled Corticosteroids.

Decision rationale: Per the Official Disability Guidelines, inhaled corticosteroids are recommended as a first line choice for the management of asthma. Budesonide is included in this category. This patient has an asthma condition with symptoms. Budesonide inhalation is

medically indicated for this patient. Therefore, the requested budesonide respiratory solution is medically necessary and appropriate.

ALBUTEROL RESPIRATORY SOLUTION FOR USE WITH NEBULIZER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

Decision rationale: Per the Official Disability Guidelines, inhaled corticosteroids are the most effective long-term control therapy for asthma. The Guidelines state that the treatment of occupational asthma is identical to other forms of this condition. This patient was diagnosed with asthma. The use of albuterol is medically indicated. Therefore, the requested albuterol respiratory solution is medically necessary and appropriate.

BENADRYL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary; as well as the uptodate.com website.

Decision rationale: This patient has cough variant asthma. For a cough variant asthma, the guidelines state that there is no role for an oral antihistamine. Oral antihistamines are not medically indicated for this condition. Therefore, the requested Benedryl is not medically necessary or appropriate.