

Case Number:	CM14-0155290		
Date Assigned:	09/25/2014	Date of Injury:	01/26/1996
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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:

This injured worker's date of injury is 01/26/1996. This patient receives treatment for the left hip. The patient receives treatment for chronic neck pain with right arm pain and numbness in the right wrist and hand. The patient underwent multilevel cervical laminectomy and foraminotomies on 07/03/2014. The patient underwent total left hip arthroplasty in February 2014. This review covers two prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dymista 137/50mcg: 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 Pharmacotherapy of allergic rhinitis, by Richard D. deShazo, MD, UptoDate.com.

Decision rationale: Dymista is a prescription nasal spray, which contains azelastine HCL (an antihistamine) and fluticasone propionate (a corticosteroid). Dymista may be indicated in the treatment of allergic rhinitis (hay fever). The medical documentation presented did not contain

any information regarding the patient's symptoms nor physical findings to confirm this diagnosis. Therefore the request for Dymista is not medically necessary.

Ciprodex 0.3%/0.1%: 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 External otitis: Treatment, by Laura A Goguen, MD, UptoDate.com.

Decision rationale: Ciprodex is a liquid medication containing ciprofloxin (an antibiotic) and dexamethasone (a corticosteroid), which may be medically indicated to treat external otitis (swimmer's ear). The medical documentation presented did not contain any information regarding the patient's symptoms nor physical findings to confirm this diagnosis. Therefore the request for Ciprodex is not medically necessary.