

Case Number:	CM14-0170907		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2013
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 40 year old female with date of injury of 11/6/2013. A review of the medical records indicates that the patient is undergoing treatment for hyper-reactive airway disease, pneumonitis, and allergic rhinitis. Subjective complaints include continued bouts of shortness of breath and coughing and nasal congestion. Objective findings include lungs clear to auscultation bilaterally; oral and nasal airway free of obstruction. Treatment has included Norco, Claritin, ProAir, and Symbicort. The utilization review dated 10/2/2014 non-certified ProAir and Symbicort inhalers.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProAir Inhaler x 3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-24. Decision based on Non-MTUS Citation UpToDate.com and Lexicomp

Decision rationale: MTUS and ACOEM are silent regarding PROAIR HFA. ProAir HFA is the brand name version of Albuterol (salbutamol), which is used for the "treatment or prevention of

bronchospasm in patients with reversible obstructive airway disease; prevention of exercise-induced bronchospasm" and exacerbation of asthma, per Up-to-date. The employee has hyperactive airway disease and has been on ProAir, and there is documentation of improvement in her symptoms and functional status as a result of the medication. Hyperactive airway disease can have a similar mechanism of action as asthma. As such, the request for ProAir is medically necessary.

Symbicort Inhaler: 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 Official Disability Guidelines (ODG) Pulmonary; Combination LABA/ICS (inhaled corticosteroid/long-acting beta-agonist inhalers)

Decision rationale: The employee has hyperactive airway disease and has been on Symbicort, and there is documentation of improvement in her symptoms and functional status as a result of the medication. Hyperactive airway disease can have a similar mechanism of action as asthma. As such, the request for Symbicort is medically necessary.