

Case Number:	CM14-0032540		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2013
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 10/01/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 03/18/2014 is handwritten and largely illegible. The injured worker reported fatigue and lack of sleep. On physical examination, there was tenderness to the left maxillary sinus. Diagnosis was aspergillosis, rule out apnea, sinusitis plus neural hearing loss, and nonspecific abdominal pain. The official CT scan dated 02/03/2014 of the sinuses without contrast revealed a tiny focus of mucosal thickening, or possibly a small retention cyst in the floor of the right and left maxillary sinuses. There are no air fluid levels, and no large polypoid lesions. The remaining paranasal sinuses and mastoid air cells were clear. There was mild left ostiomeatal unit narrowing caused by an inferior orbital air cell. There was a nasal septal deviation to the left with mild inferior turbinate hypertrophy and adenoid hypertrophy. Prior treatments included diagnostic imaging and medication management. The medication regimen included Spiriva and Dymista. The provider submitted a request for Dymista. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYMISTA 137 MCG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.rxlist.com/script/main/srchcont_rxlist.asp?src=dymista&x=0&y=0.

Decision rationale: The RXList states Dymista is indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age. Dymista should be used no longer than 14 days. In this case, the provider failed to document a complete and adequate assessment. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. There was a lack of quantified pain relief with the use of this medication. Furthermore, the injured worker has been prescribed this medication since at least 03/18/2014. This medication should be used no longer than 14 days. This exceeds the guidelines' recommendations. Furthermore, the request did not indicate a quantity or frequency for the medication. Therefore, the request for for Dymista 137 mcg is not medically necessary and appropriate.