

Case Number:	CM14-0036793		
Date Assigned:	06/25/2014	Date of Injury:	11/11/1993
Decision Date:	09/12/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational 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:

The patient is a 62-year-old male who has submitted a claim for Bilateral Mixed Hearing Loss and Tinnitus on the Right associated with an industrial injury date of November 11, 1993. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right ear pressure with increased hearing loss, tinnitus, and dizziness. No odynophagia, postnasal drainage, recurrent ear infection, or recurrent sinusitis was noted. The patient was initially placed on steroids but did not decrease his complaints. On physical examination of the ear, the pinnae were noted to be normal. Otitis media was unremarkable bilaterally. Examination of the nose noted a straight nasal septum with normal turbinates. No rhinorrhea was appreciated and the nasal mucosa was normal bilaterally. The rest of the ENT findings were unremarkable. Respiratory effort was normal. Treatment to date has included medications such as Flonase (fluticasone propionate) nasal suspension 50 mcg/act two sprays each nostril daily (since September 2013). Utilization review from March 19, 2014 denied the request for Flonase (Fluticasone propionate nasal suspension 50mcg/act), for 30 days with 12 refills because there was no clear medical rationale as to why the claimant required this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flonase (Fluticasone propionate nasal suspension 50mcg/act), for 30 days x 12 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: The California MTUS does not specifically address Fluticasone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that inhaled corticosteroids such as fluticasone are recommended as a first-line choice for asthma. In this case, Flonase was being prescribed by an ENT specialist since September 2013 (12 months to date). However, the records did not clearly reflect why Flonase was being prescribed. The records did not provide evidence of a history of asthma but an ENT progress note dated September 10, 2013 stated that the patient was initially placed on steroids for tinnitus. However, this did not decrease his complaints. Furthermore, the most recent ENT progress note included in the records for review was dated September 10, 2013. Hence, the current status of the patient's ENT complaints is unknown. There is no clear indication for continued use of Flonase. Therefore, the request for Flonase (Fluticasone propionate nasal suspension 50mcg/act), for 30 days with 12 refills is not medically necessary.