

Case Number:	CM14-0041058		
Date Assigned:	06/30/2014	Date of Injury:	09/29/2008
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This 39 year old patient had a date of injury on 9/29/2008. The mechanism of injury was not noted. On a progress report dated 2/28/2014, the patient complains of reflex symptomology, sneezing, lightheadedness and dizziness. He also complains of right elbow pain and low back pain radiating down both lower extremities, especially the left. Objective exam shows myospasm and tenderness of the posterior cervical and suboccipital paraspinal musculature. Diagnostic impression shows history of exposure to construction dust and plaster, obstructive pulmonary disease, secondary to inhalation of construction dust, and H. Pylori. Gastritis. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/17/2014 denied the request for Omeprazole 20mg #60 stating guidelines recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and /or GI risk factors, none of which is documented in this patient. Ventolin HFC 90mcg #18 was denied, stating that there is no current medical narrative report documenting the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. On a progress note dated 2/28/2014, the patient is noted to suffer from Gastroesophageal reflux disease and gastritis, secondary to NSAID administration. Therefore, the request for Omeprazole 20 mg #60 is medically necessary.

Ventolin HFA 90mcg #18: 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 <http://www.drugs.com/ventolin.html>.

Decision rationale: Ventolin (albuterol) is a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs. Ventolin HFA is used to treat or prevent bronchospasm in people with reversible obstructive airway disease. Albuterol inhalation is also used to prevent exercise-induced bronchospasm. On a progress note dated 2/18/2014, the patient is diagnosed with obstructive pulmonary disease, secondary to inhalation of construction dust. Furthermore, the objective findings on 2/18/2014 showed moderate obstruction on a pulmonary function test, as well as functional exercise deconditioning secondary to respiratory disorder. Therefore, the request for Ventolin HFA 90mcg #18 is medically necessary.