

<b>Case Number:</b>	CM14-0042651		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 56-year-old male with a reported date of injury of 02/03/2005. The mechanism of injury was not provided within the documentation available for review. The clinical documentation provided for review does not provide current medical symptoms, past medical history or physical exam to support the injured worker's diagnoses. The injured worker's diagnoses included hyperplasia of prostate, unspecified, without urinary obstruction; osteoarthritis, generalized; hypertension; and asthma, unspecified type with acute exacerbation. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for Ventolin HFA 90 mcg inhaler and Advair inhaler was submitted on 04/09/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Advair Inhaler:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 8, Chronic Pain Treatment Guidelines Page(s): 8.

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

**Decision rationale:** The Official Disability Guidelines recommend Advair (inhaled long-acting beta2-agonists)/ICS inhaled corticosteroids as a first-line choice for asthma. The available documentation does not provide current medical symptoms, past medical history or physical examination to support Advair. There is no documentation of a pulmonary examination. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for an Advair inhaler is not medically necessary and appropriate.

**Ventolin HFA 90MCG Inhaler:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 8.

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

**Decision rationale:** The Official Disability Guidelines recommend Ventolin, which is an inhaled short-acting beta2-agonist, as a first-line choice for asthma. The available documentation does not provide medical symptoms, past medical history or physical exam to support Ventolin HFA. There is no documentation of a pulmonary examination. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Ventolin HFA 90 mcg inhaler is not medically necessary and appropriate.