

Case Number:	CM14-0047122		
Date Assigned:	07/21/2014	Date of Injury:	05/12/2000
Decision Date:	08/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/16/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 70 year-old with a date of injury of 05/12/00. A progress report that was most proximate with the request for services, dated 02/12/14, was for a routine follow-up and Medtronic check. Objective findings were only positive for a murmur. Diagnoses included atrial fibrillation, cardiac pacemaker status, hypertension, and cardiomyopathy. Treatment has included cardiac medications and Singular. A Utilization Review determination was rendered on 03/14/14 recommending non-certification of Singular 10 mg one per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Singular 10 mg one per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles in Internal Medicine, 14th edition, pages 497-500, 897-902, 1001-1013, 1051-1053, 1511-1514, 1822, 1841-1842, 1629-1630;.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate:Singulair.

Decision rationale: Singulair (montelukast) is an agent used for the treatment of allergic conditions. The Medical Treatment Utilization Schedule (MTUS) does not address Singulair. Authoritative sources note its indication for the treatment of asthma and allergic rhinitis. In this case, no indication is given for the Singulair. Therefore, the request for Singulair is not medically necessary.