

Case Number:	CM14-0064100		
Date Assigned:	07/11/2014	Date of Injury:	04/01/1998
Decision Date:	09/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for extremely severe recalcitrant chronic rhinosinusitis with polyps and asthma as well as aspirin sensitivity associated with an industrial injury date of April 1, 1998. Medical records from 2013-2014 were reviewed. Some were handwritten and illegible. The patient is status post endoscopic sinus surgery on March 14, 2014. The patient was doing well and was using sinus rinses. Pathology was reviewed and consistent with chronic rhinosinusitis. The cultures were positive for staphylococcus aureus, and sensitive to multiple medication including Bactrim, Vancomycin, Tetracycline, and Levaquin. Physical examination showed testing of ocular motility including primary gaze and alignment was normal. Palpation of the face revealed no sinus tenderness. Salivary glands were symmetric and without masses. External nose and auricle show no lesions or masses. Eyes, mouth, lips, and gums show no lesions or masses. CT scan of the sinuses, dated March 10, 2014, showed status post interval middle turbinectomy and total ethmoidectomy, and no significant changes in the mucosal thickening of the maxillary sinuses and sphenoid sinuses with mild improvement in mucosal thickening of the left frontal sinus. Treatment to date has included medications, endoscopic sinus surgeries, and nasoendoscopy with bilateral debridement. Utilization review, dated April 24, 2014, denied the requests for Pulmicort rinse-nasal and Bactrim capsules because there was no documentation of dosage and quantity requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmicort nasal rinse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/232791-treatment>.

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: FDA (Pulmicort); Chronic Sinusitis <http://emedicine.medscape.com/article/232791>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. Pulmicort contains budesonide which is a corticosteroid. It prevents the release of substances in the body that causes inflammation. It is indicated for the maintenance treatment of asthma as prophylactic therapy in adult and pediatric patients six years of age or older. It is also indicated for patients requiring oral corticosteroid therapy for asthma. In addition, according to an article entitled "Chronic Sinusitis", the goals of medical therapy are to reduce mucosal edema, promote sinus drainage, and eradicate infections that may be present. This often requires a combination of topical or oral glucocorticoids, antibiotics, and nasal saline irrigation. In this case, the patient has been using Pulmicort nasal rinse since at least October 2013. Progress report dated March 24, 2014 state that the patient has been doing well using sinus rinses. Continuation of this medication may be necessary. However, the present request failed to specify the quantity and dosage to be dispensed. Therefore, the request for Pulmicort nasal rinse is not medically necessary.

Bactrim capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/232791-treatment>.

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: FDA (Bactrim); Chronic Sinusitis <http://emedicine.medscape.com/article/232791>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. Bactrim contains a combination of sulfamethoxazole and trimethoprim. Sulfamethoxazole and trimethoprim are both antibiotics that treat different types of infection caused by bacteria. Bactrim is used to treat ear infections, urinary tract infections, bronchitis, traveler's diarrhea, shigellosis, and Pneumocystis jiroveci pneumonia. In addition, according to an article entitled "Chronic Sinusitis", the goals of medical therapy are to reduce mucosal edema, promote sinus drainage, and eradicate infections that may be present. This often requires a combination of topical or oral glucocorticoids, antibiotics, and nasal saline irrigation. In this case, the patient was recommended to start sinus rinses with Bactrim capsules. Progress report states that cultures were positive for staphylococcus aureus and was sensitive to multiple medications including Bactrim. Bactrim may be medically

necessary. However, the present request failed to specify the quantity and dosage to be dispensed. Therefore, the request for Bactrim capsules is not medically necessary.