

Case Number:	CM14-0067405		
Date Assigned:	07/11/2014	Date of Injury:	09/04/2009
Decision Date:	08/13/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 34-year-old gentleman with a date of injury of 09/04/2009. An unsigned and possibly incomplete QME (Qualified Medical Evaluation) Report presumably by [REDACTED] (based on the heading) dated 04/23/2014 identified the mechanism of injury as an explosion when the worker was applying chemicals to crops and checked a pressure indicator resulting in exposure to loud noise and chemicals with the development of tinnitus, episodes of dizziness, and hearing loss. The submitted and reviewed above QME Report indicated the worker was experiencing a sensation of hearing loss, ringing in the ears that prevented sleep, episodes of dizziness one to two times weekly and lasting less than twenty minutes at a time, breathlessness, increased sputum, and sensitivity to odors. The QME Report stated the worker did not mention any long-term or on-going medical conditions. Medications included Albuterol, Cetirizine, Montelukast, Phenergan, Pyridoxine, and Advair Diskus. The QME Report described a review of records that included a note or report by [REDACTED] on 09/03/2013 concluded that testing of the worker's lung function with spirometry showed results that were within normal limits and that were unchanged when compared with testing performed in 2010; none of these records were submitted for direct review. Documented examination showed scarring on the right eardrum and the left helix was partly missing. A submitted report by [REDACTED] on 04/23/2014 concluded the worker's hearing was within normal limits but the videonystagmography (VNG) was not normal. The QME Report concluded the worker was suffering from vertigo and moderate tinnitus. Treatment recommendations included tinnitus maskers and/or other treatment under the guidance of an otolaryngologist, neurology, and ENT (otorhinolaryngology) specialist. A report of a negative urinary drug screen dated 05/05/2014 was also reviewed. No other records were submitted for review. A Utilization Review decision by [REDACTED] was rendered on 05/05/2014 recommending non-certification for forty-five

tablets of Zyrtec (Cetirizine) 10mg with two refills, a one-month supply of Albuterol nebulizer solution 2.5mg per 3mL with two refills, Advair Diskus (Fluticasone/Salmeterol) 250/50 with two refills, and one Veramyst spray (Fluticasone) with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Zyrtec, 10 mg, with 2 refills: Upheld

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 Cetirizine: Drug information. Provided by LexiComp. Topic 9236, version 120.0. UpToDate, accessed 08/09/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Zyrtec (Cetirizine) is a second generation anti-histamine medication. It is used to treat allergy symptoms and chronic idiopathic urticaria. The submitted and reviewed documentation described the worker was experiencing a sensation of hearing loss, ringing in the ears that prevented sleep, episodes of dizziness, breathlessness, increased sputum, and sensitivity to odors. These records concluded the worker was suffering from vertigo and moderate tinnitus. There was no documentation indicating the worker had allergy symptoms or chronic idiopathic urticaria or supporting the use of Certirizine. In the absence of such evidence, the current request for forty-five tablets of Zyrtec (Cetirizine) 10mg with two refills is not medically necessary.

One month supply of Albuterol Nebulizer Solution, 2.5 mg per 3 ml with 2 refills: Upheld

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 Albuterol: Drug Information. Provided by LexiComp. Topic 9396, version 110.0. UpToDate, accessed 08/09/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Albuterol nebulizer solution is an inhaled beta2 agonist medication. It is used to treat or prevent lung spasms in people who have reversible airway diseases such as asthma. The submitted and reviewed documentation described the worker was experiencing a sensation of hearing loss, ringing in the ears that prevented sleep, episodes of dizziness, breathlessness, increased sputum, and sensitivity to odors. These records concluded the worker was suffering from vertigo and moderate tinnitus. There was no documentation indicating the worker had lung spasms or supporting the use of albuterol. In the absence of such evidence, the current request for a one-month supply of albuterol nebulizer solution 2.5mg per 3mL with two refills is not medically necessary.

One Advair 250/50 Diskus with 2 refills: Upheld

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 Fluticasone and salmeterol: Drug information. Provided by LexiComp. Topic 8730, version 94.0. UpToDate, accessed 08/09/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Advair Diskus (Fluticasone/Salmeterol) contains an inhaled long-acting beta2-agonist and an inhaled steroid medication. It is used to treat lung conditions such as asthma and chronic obstructive pulmonary disease (COPD), which includes both chronic bronchitis and emphysema. It is also used to prevent flares of COPD when that is an issue. The submitted and reviewed documentation described the worker was experiencing a sensation of hearing loss, ringing in the ears that prevented sleep, episodes of dizziness, breathlessness, increased sputum, and sensitivity to odors. These records concluded the worker was suffering from vertigo and moderate tinnitus. There was no documentation indicating the worker had asthma, COPD (Chronic Obstructive Pulmonary Disease), or another lung condition or supporting the use of fluticasone/Salmeterol. In the absence of such evidence, the current request for Advair Diskus (Fluticasone/Salmeterol) 250/50 with two refills is not medically necessary.

One Veramyst spray with 2 refills: Upheld

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 Fluticasone: Drug information. Provided by LexiComp. Topic 9135, version 81.0. UpToDate, accessed 08/09/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Veramyst (Fluticasone) is a nasal spray steroid medication. It is used to treat nose irritation and congestion due to allergies. The submitted and reviewed documentation described the worker was experiencing a sensation of hearing loss, ringing in the ears that prevented sleep, episodes of dizziness, breathlessness, increased sputum, and sensitivity to odors. These records concluded the worker was suffering from vertigo and moderate tinnitus. There was no documentation indicating the worker had allergy symptoms or supporting the use of Fluticasone nasal spray. In the absence of such evidence, the current request for one Veramyst spray (Fluticasone) with two refills is not medically necessary.