

Case Number:	CM14-0071989		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2010
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 HPM 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 47-year-old gentleman with a date of injury of 07/08/2010. QME reports by [REDACTED] dated 10/28/2013 and 05/01/2014 identified the mechanism of injury as rarely using respiratory protection when sharpening carbide parts, resulting in lung injury and scarring. These reports indicated the worker was experiencing problems with sleeping and daytime sleepiness, sexual dysfunction, breathlessness with activity, depressed mood, headaches, and symptoms of acid reflux such as positional chest discomfort. Documented examinations described a quiet heart murmur and the development of a whoosh sound at the main pulse site on the right side of the neck. Study reports by [REDACTED] on 10/28/2013 and 05/01/2014 included suboptimal heart stress tests showing results that were not abnormal, hemodynamic profiling results that were normal, pulmonary function tests initially showing findings consistent with a mild restrictive pattern that then normalized, and echocardiograms showing insignificant mild findings. A chest x-ray imaging report by [REDACTED] dated 04/02/2014 described no concerning findings. A psychology treatment progress report by [REDACTED] dated 03/30/2014 was also reviewed. The submitted and reviewed documentation concluded the worker was suffering from diabetes, chronic steroid medication use, gastroesophageal reflux disease due to medications, sleep maintenance insomnia due to medications, mild to moderate depressed mood states, and a history of a double lung transplant. Treatment plans included oral and injected medications, including those to suppress the worker's immune system. Recommended treatment also included follow up visits with transplantation specialists, and use of stress relief techniques and coping strategies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valcyte 450 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

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:Valganciclovir: Drug information. Topic 10058, version 84.0. Provided by LexiComp. UpToDate, accessed 08/10/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Valcyte (valganciclovir) is an antiviral medication. It is approved by the FDA for use in the prevention of cytomegalovirus (CMV; a specific virus) in high-risk patients undergoing kidney, heart, or kidney/pancreas transplantation when the organ donor had known CMV. It is also approved for use in the treatment of CMV retinitis in the presence of AIDS. The submitted and reviewed documentation suggested the worker used medications to decrease his immune system because his lung condition was treated with a double lung transplant. The request was made for an indefinite supply of valganciclovir, which does not account for potential changes in the worker's overall health or medication needs. Further, there is no documentation that the worker had an increased risk for infection with this virus or that he had CMV retinitis. For this reason, the current request for Valcyte (valganciclovir) 450mg is not medically necessary.

Alendronate Sodium: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

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:Alendronate: Drug information. Topic 9427, version 109.0. Provided by LexiComp. UpToDate, accessed 08/10/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Alendronate sodium is a medication in the bisphosphonate derivative class. It is FDA-approved for use in men in the treatment of osteoporosis; treatment of Paget's disease of bone in those who are symptomatic, at risk for complications, and/or have blood testing showing an alkaline phosphatase level that is at least two times the upper limit of normal; and treatment of glucocorticoid-induced osteoporosis when the man is using at least 7.5mg of prednisone daily. The QME report by [REDACTED] dated 10/28/2013 suggested the worker was maintained on prednisone 5mg daily. There was no documentation indicating testing showed low bone mineral density (weakened bones) or that the worker suffered from Paget's disease of the bone or osteoporosis. In the absence of such evidence, the current request for alendronate sodium is not medically necessary.

Sporanox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD consult.com.

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:Itraconazole: Drug information. Topic 8586, version 117.0. Provided by LexiComp. UpToDate, accessed 08/10/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Sporanox (itraconazole) is an azole derivative type of anti fungal medication. It is approved by the FDA for the treatment of certain fungal infections. The submitted and reviewed documentation suggested the worker used medications to decrease his immune system because his lung condition had been treated with a double lung transplant. The request was made for an indefinite supply of itraconazole with no specific dose or frequency, which does not account for potential changes in the worker's overall health or medication needs. Further, the reviewed documentation did not indicate the worker had a fungal infection. In the absence of such evidence, the current request for Sporanox (itraconazole) is not medically necessary.