

Case Number:	CM14-0198690		
Date Assigned:	01/07/2015	Date of Injury:	12/03/1997
Decision Date:	02/25/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 70 year old male with an injury date of 12/03/97. As per 02/05/14 progress report, the patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI. The patient was also involved in a motor vehicle accident with injuries to his neck, shoulders and knees. Both conditions together have led to chronic pain and stiffness in joints and muscles. The patient is experiencing intermittent and positional numbness and tingling in ulnar nerve distribution of the left arm along with left sciatica. He also has pain and swelling in the right wrist. Medications, as per treater's report dated 02/05/14, include Tiagabine, Captopril, Omeprazole, Gabapentin, Dicyclomine, Montelukast, Tranlcypromine, Azelastin, Ipratropium, Crestor, Atrovent, Ventolin, Metoprolol, Ergoloid, Fexopenadine, Intal inhaler, Nimodipine, Hydrochlorthiazide, Tizanidine and Lidocaine. MRI of the Lumbar Spine (date not mentioned), as per report dated 02/05/14:- New on old L2 fracture- Reidentified L1 fracture, mild compression- 2-3 mm disc bulging at L3-4- 2-3 mm disc bulging; mild to moderate spinal canal stenosis and mild bilateral foraminal stenosis at L4-5- Severe loss of disc height, 5-6 mm disc bulge, and mild to moderate foraminal stenosis at L5-S1 MRI of the Right Wrist (date not mentioned), as per progress report dated 02/05/14: Pancarpal osteoarthritis Diagnosis, 02/05/14:- Meningioma right frontal lobe- Worsening right eye symptoms- Chronic fatigue syndrome- Dementia- Demylenation- Dizziness- Dyspnea- Fibromyalgia- Hypogammaglobulinemia- Joint pain, unspecified- Memory loss- Migraine headaches- Onychomycosis- Polyneuropathy, peripheral- Reactive airway disease- Toxic

encephalopathy- Unspecified adverse effect- Vertigo- WeaknessThe treater is requesting for (a) GABAPENTIN 100 # 90 (b) DICYCLOMINE 20 mg # 60 (c) ATROVENT HFA 70 mcg AER # 120 (d) VENTOLIN HFA # 120 (e) MONTELUKAST 10 mg # 30 (f) IPATROPIUM # 90.The utilization review determination being challenged is dated 11/01/14. Treatment reports were provided from 01/06/14 - 11/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Gabapentin 100 # 90. The patient was also involved in a motor vehicle accident with injuries to his neck, shoulders and knees. Both conditions together have led to chronic pain and stiffness in joints and muscles, as per the same report. MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. The reports state that the patient is consulting an orthopedician and a neurologist but no reports from these treater's were available for review. The 02/05/14 report states that the patient has neurological deficit to "right foot, sensory whole foot. Sensory to right fingers, and sore neck." The patient is experiencing maximum pain during rotation. The back is tender in the right L2 area with the pain radiating to the right leg. In a report dated 11/08/14 (after the UR date), the treater states that the patient has been using Gabapentin for several years and the medication was initially prescribed by a neurologist to treat the patient's "chronic severe pain, neuropathy and RLS." The patient's symptoms were under control with the medication but "are exacerbated with withholding of this medication," the treater says. This request is medically necessary.

Dicyclomine 20mg #60: Overturned

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 Official Disability Guidelines (ODG) , chapter 'Pain (chronic)' and topic 'Weaning opioids.'

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Dicyclomine 20 mg # 60. The MTUS and ACOEM guidelines do not discuss Dicyclomine. ODG guidelines, chapter 'Pain (chronic)' and topic 'Weaning opioids', recommends dicyclomine for abdominal cramping. In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. The patient has been diagnosed with GERD and esophagitis, as per report dated 02/05/14. In the report dated 11/08/14 (after the UR date), the treater states that Dicyclomine was initially prescribed by the patient's gastroenterologist to manage "signs and symptoms of the patient's GI disorder; including IBS; and chronic abdominal discomfort. It is felt that the medication reduces smooth muscle spasms and contractions that are painful." As the medication is being withheld, the patient's dysfunctional bowel and irritable bowel syndrome symptoms have worsened, the treater says. Since ODG guidelines allow for the use of Dicyclomine for abdominal cramps, this request appears reasonable and is medically necessary.

Atrovent HFA 17mcg Aer #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Global Initiative for Asthma (GINA), Official Disability Guidelines, Pulmonary (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pulmonary (Acute & Chronic)' and topic 'Combivent® (Albuterol/Ipratropium); <http://www.drugs.com/atrovent.html>.

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Atrovent HFA 70 mcg AER # 120. As per Drugs.com at <http://www.drugs.com/atrovent.html>, "Atrovent (ipratropium) is a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs." ODG guidelines, chapter 'Pulmonary (Acute & Chronic)' and topic 'Combivent (Albuterol/Ipratropium)', states the following: Recommend combination LABA (inhaled long-acting beta2-agonists)/ICS (inhaled corticosteroids) as a first-line choice for asthma. In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. In progress report dated 02/05/14, the treater states that the patient's Lung Diffusion was measured using a plethysmograph and was found to be 50% of average for this patient's age, height and weight, indicating acute bronchitis and acute asthma. In report dated 11/08/14 (after

the UR date) the treater states that "This bronchodilator is used for treatment of the patient's RADS, asthma, bronchospasm. The patient does clinically better when on this medication." Additionally, the treater states that the seriousness of the patient's condition requires the use of this medication in conjunction with other bronchodilators. Since ODG guidelines consider Ipratropium as a first-line choice for asthma, the request for Atrovent is medically necessary.

Ventolin HFA #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary (acute and chronic), GINA (Global Initiative for Asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pulmonary (Acute & Chronic)' and topic 'Albuterol (Ventolin).'

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Ventolin HFA # 120. ODG guidelines, chapter 'Pulmonary (Acute & Chronic)' and topic 'Albuterol (Ventolin)', states the following: Recommend inhaled short-acting beta2-agonists as a first-line choice for asthma. In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. In progress report dated 02/05/14, the treater states that the patient's Lung Diffusion was measured using a plethysmograph and was found to be 50% of average for this patient's age, height and weight, indicating acute bronchitis and acute asthma. In report dated 11/08/14 (after the UR date), the patient states that this medication was initially prescribed by a pulmonologist and the patient has been using it for 10 years. The treater states that the patient does "clinically better" with this medication and it should be approved for long-term. Since ODG guidelines consider Ventolin as a first-line choice for asthma, the request is medically necessary.

Montelukast 10mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GINA (Global Initiative for Asthma), Official Disability Guidelines, Pulmonary (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pulmonary (Acute & Chronic)' and topic 'Montelukast (Singulair).

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Montelukast 10 mg # 30. ODG guidelines, chapter 'Pulmonary

(Acute & Chronic)' and topic 'Montelukast (Singulair) ', states the following: Under study as a first-line choice for asthma; recommend leukotriene receptor antagonists as second line. In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. In progress report dated 02/05/14, the treater states that the patient's Lung Diffusion was measured using a plethysmograph and was found to be 50% of average for this patient's age, height and weight, indicating acute bronchitis and acute asthma. In report dated 11/08/14 (after the UR date), the treater states that the patient has been on Montelukast for 10 years and his symptoms regress significantly without the medication. "The medication is being used for prophylaxis of RADS / asthma and for the chronic treatment; this includes exercise-induced asthma." The request is medically necessary.

Ipratropium #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GINA (Global Initiative for Asthma), Official Disability Guidelines, Pulmonary (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pulmonary (Acute & Chronic)' and topic 'Combivent (Albuterol/Ipratropium).'

Decision rationale: The patient is suffering from chronic effects of carbon dioxide and solvent exposure at work that has caused permanent damage to multiple organs in his body including neurological, immune, musculoskeletal, abdominal, ocular and GI patient, as per treater's report dated 02/05/14. The request is for Ipratropium # 90. ODG guidelines, chapter 'Pulmonary (Acute & Chronic)' and topic 'Combivent (Albuterol/Ipratropium)', states the following: Recommend combination LABA (inhaled long-acting beta2-agonists)/ICS (inhaled corticosteroids) as a first-line choice for asthma. In this case, progress reports are from a specialist in Emergency Medicine sub-specializing in Medical Toxicology. The patient's symptoms are secondary to a carbon dioxide and solvent exposure at work and a motor vehicle accident. In progress report dated 02/05/14, the treater states that the patient's Lung Diffusion was measured using a plethysmograph and was found to be 50% of average for this patient's age, height and weight, indicating acute bronchitis and acute asthma. In report dated 11/08/14 (after the UR date), the treater states that Ipratropium is used along with other bronchodilators due to the seriousness of the patient's condition and the patient does "clinically better" with it. Given that ODG guidelines consider Ipratropium as a first-line choice for asthma, the request is medically necessary.