

<b>Case Number:</b>	CM14-0201646		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Acupuncture & Pain Medicine and is licensed to practice in California. 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:

64y/o female injured worker with date of injury 4/1/07 with related bilateral hips, knees, shoulders, elbows, and neck pain. Per progress report dated 11/4/14, the injured worker rated his pain 8-9/10 in intensity. Physical exam findings were not documented. Treatment to date has included acupuncture, physical therapy, injections, chiropractic manipulation, TENS unit, and medication management. The date of UR decision was 11/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Montelukast 10mg:** Upheld

**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 & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Mentelukast.

**Decision rationale:** The MTUS is silent on the use of this medication. Per the ODG guidelines regarding Montelukast: Under study as a first-line choice for asthma; recommend leukotriene receptor antagonists as second line. The documentation submitted for review indicates that the

injured worker has a history of asthma, but it was indicated that [REDACTED] attributed the injured worker's shortness of breath was due to chronic pain syndrome rather than asthma. Furthermore, Montelukast is not a first-line choice for asthma. The request is not medically necessary.