

Case Number:	CM14-0204020		
Date Assigned:	12/16/2014	Date of Injury:	06/05/2003
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in 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:

This is a patient with a date of injury of 6/5/03. A utilization review determination dated 11/20/14 recommends non-certification/modification of Lunesta and ProAir inhaler. A prescription for ProAir was also given by a different provider than the current requesting provider. 11/6/14 medical report identifies low back pain with numbness and tingling radiating into the BLE and feet. On exam, there is tenderness, limited ROM, positive McMurray's right knee, and an antalgic gait. Recommendations include Lunesta, Percocet, ProAir inhaler, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Air Inhaler 10cc +3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition Web, 2014, Pulmonary, Asthma Medications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/proair-hfa.html>.

Decision rationale: Regarding the request for ProAir inhaler, CA MTUS and ODG do not address the issue. FDA indications include the treatment or prevention of bronchospasm and

exercise-induced bronchospasm. Within the documentation available for review, there is no current documentation of symptoms/findings consistent with a condition for which use of the inhaler is indicated and evidence of efficacy from prior use. In light of the above issues, the currently requested ProAir inhaler is not medically necessary.

Lunesta 3 mg #30 +3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web) 2014, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Insomnia Treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to prior treatment with Lunesta. Finally, there is no indication that Lunesta is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.