

Case Number:	CM14-0206918		
Date Assigned:	12/18/2014	Date of Injury:	03/07/2013
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 Geriatrics and is licensed to practice in New York. 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 76 year old woman with a date of injury of 3/7/13. She was seen by her provider on 10/22/14 to follow up a chronic cough of two years and reactive airway disease. She felt her inhalers improved her symptoms. She denied rhinorrhea, heartburn, reflux, dyspnea, chest pain, post-nasal drainage and wheezing. Her exam was entirely normal except early expiratory wheezes at her lung bases. Her diagnosis was reactive airway disease. At issue in this review is the request for refills of her current medications: atrovent nasal spray, fluticasone nasal spray, gabapentin, Loratidine, Prilosec and proair inhaler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atrovent 0.06% Nasal Spray 42mcg: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: atrovent drug information

Decision rationale: Atrovent or ipratropium is an anticholinergic medication used to treat rhinorrhea, rhinitis and seasonal allergic rhinitis. In this injured worker there is no discussion of

efficacy or side effects or a rationale for the medication. She also denies rhinorrhea or other nasal symptoms. The medical necessity of atrovent nasal spray is not substantiated in the records.

Fluticasone spray 50mcg: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: fluticasone drug information

Decision rationale: Fluticasone is a nasal corticosteroid medication used to seasonal and perennial rhinitis. In this injured worker there is no discussion of efficacy or side effects or a rationale for the medication. She also denies rhinorrhea or other nasal symptoms. The medical necessity of fluticasone nasal spray is not substantiated in the records.

Gabapentin 300mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Per the guidelines, gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. There is also no rationale or documentation of neuropathic pain in the note. The medical necessity of gabapentin is not substantiated in the records.

Loratidine 10mg: 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 Other Medical Treatment Guideline or Medical Evidence

Decision rationale: Per the guidelines, gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. There is also no rationale or documentation of neuropathic pain in the note. The medical necessity of gabapentin is not substantiated in the records.

Prilosec 20mg: Upheld

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 Page(s): 68-69.

Decision rationale: Per the guidelines, prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This worker denies heartburn or reflux. The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

ProAir HFA 90mcg/actuation aerosol inhaler: 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate: albuterol drug information

Decision rationale: Proair inhaler or albuterol is a beta adrenergic agonist medication used to bronchospasm or acute asthma. This injured worker has a history of reactive airway disease but there is no discussion of efficacy or side effects specifically related to proair inhaler. She denies dyspnea and wheezing. The medical necessity of proair inhaler is not substantiated in the records.