

<b>Case Number:</b>	CM14-0208536		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/09/1988
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 and Rehabilitation, 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:

The patient is a 73 year old male with date of injury 06/09/88. The patient suffered a severe injury which fractured at least 2 ribs on the left side, caused bleeding of the left pulmonary inferior vein which was repaired. (383) The treating physician report dated 10/17/14 indicates that the patient presents with pain affecting his neck, shoulders, and chest and sustained a breathing problem and hoarseness due to a complication of surgery (343). The physical examination findings reveal tenderness to palpation at C5-6 and C6-7, muscle spasms and guarding over the bilateral splenius cervicis muscle and upper trapezius region, and range of motion was limited. Prior treatment history includes multiple surgeries, medications, and diagnostic testing. MRI findings reveal C3-4 have a 3mm posterior disc protrusion with moderate central stenosis, C4-5 have a 3mm posterior disc protrusion with moderate central stenosis, C5-6 have a 3mm posterior disc protrusion with moderate central stenosis, C6-7 have a 1mm broad based posterior disc bulge, and C7-T1 have a 1mm broad based posterior disc bulge. The current diagnoses are: 1. History of Industrial Falling Accident with Aortic Dissection with Repair 2. Cervical Stenosis, C3-4, C4-5, C5-6, and C6-7. 3. Cervical Radiculopathy 4. Chronic Thoracic Back Pain 5. History of Multiple Left Shoulder Surgery with Chronic Left Shoulder Pain 6. Chronic Right Ankle Pain 7. History of Vocal Cord Injury with Hoarseness from Prolonged Intubation 8. Chronic Pain Syndrome with Chronic Opioid Tolerance 9. COPD The utilization review report dated 11/25/14 denied the request for Proair HFA #9, Symbicort #11, and Spiriva #30 based on medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Proair HFA #9:** 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) Pulmonary, Albuterol (Ventolin®)

**Decision rationale:** The patient presents with pain affecting his neck, shoulders, and chest and sustained a breathing problem and hoarseness due to a complication of surgery. The current request is for Proair HFA #9. Albuterol (also known as salbutamol) is used to prevent and treat wheezing and shortness of breath caused by breathing problems (such as asthma, chronic obstructive pulmonary disease). It is also used to prevent asthma brought on by exercise. The treating physician states, "Has continued to experience very incapacitating shortness of breath and occasional chest pain, the latter most probably emanating from chest wall trauma residuals." (383) MTUS guidelines do not address this medication. The ODG guidelines state, "Inhaled corticosteroids (ICSs) are the most effective long-term control therapy." In this case, the medical records have documented that the patient has COPD. There are pulmonology notes not reviewed by the initial utilization review. Use of a beta agonist is accepted treatment for COPD. The medication is medically necessary.

**Symbicort #11:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain affecting his neck, shoulders, and chest and sustained a breathing problem and hoarseness due to a complication of surgery. The current request is for Symbicort #11. The treating physician states, "He also takes inhaler including Spiriva, Symbicort and albuterol for his vocal cord injury and hoarseness." (249) MTUS guidelines do not address this medication. The ODG guidelines state, "Recommend combination LABA (inhaled long-acting beta2-agonists)/ICS (inhaled corticosteroids) for stage 3 COPD if efficacious. In this case, the treating physician has prescribed this medication as the ODG guidelines recommend. The request is medically necessary.

**Spiriva #30:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting his neck, shoulders, and chest and sustained a breathing problem and hoarseness due to a complication of surgery. The current request is for Spiriva #30. The ODG guidelines state, Tiotropium, a long-acting inhaled anticholinergic medication is associated with improvements in lung function, quality of life, and exacerbations in COPD patients, but not in the rate of decline in the FEV1. (Tashkin, 2008)." The medication is medically necessary.