MAXIMUS Federal Services

Case Number:	CM15-0108201		
Date Assigned:	06/12/2015	Date of Injury:	09/28/2001
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 50 year old female, who sustained an industrial/work injury on 9/28/01.She reported initial complaints of rectal pain and intermittent bleeding. The injured worker was diagnosed as having osteoarthritis of the hand, bipolar disorder, hemorrhoids, constipation, atrial fibrillation, and new onset of seizure disorder. Treatment to date has included medication and consultation. Currently, the injured worker complains of rectal pain due to hemorrhoids with intermittent bleeding. Per the primary physician's progress report (PR-2) on 3/6/15, examination revealed normal breath sounds bilaterally, a medium external hemorrhoid. On 3/9/15, a rheumatology, allergy, and clinical immunology report included diagnosis of chronic bronchitis, cigarette addiction, and history of subjective report of allergies without objective manifestations. Current plan of care included surgery for hemorrhoid. The requested treatments include Symbicort Aerosol 160-4.5, Epipen 0.3 mg, and Proair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Symbicort Aerosol 160-4.5 #10.20: 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 Budesonide and formoterol: Drug information. Topic 8524, version 108.0. UpToDate, accessed 07/13/2015.

Decision rationale: Symbicort (budesonide with formoterol) is a combination medication in the long-acting beta2-adrenergic agonist and inhaled corticosteroid classes. The MTUS Guidelines are silent on this issue. It is FDA-approved for use in the treatment of asthma when combination therapy is needed and in maintenance treatment of the blocked airflow associated with chronic obstructive pulmonary disease (COPD), including in chronic bronchitis and emphysema. The submitted documentation indicated the worker was experiencing painful internal hemorrhoids. These records indicated the worker suffered from chronic bronchitis with a history of smoking and allergies to certain metals. While these records did not detail the worker's lung condition, this medication is approved for its treatment. In light of this supportive evidence, the current request for "#10.20" of Symbicort aerosol 160/4.5 mcg is medically necessary.

Epipen 0.3 mg #2 with 1 refills: Upheld

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 Epinephrine (adrenaline) (systemic therapy and oral inhalation): Drug information. Topic 9116, version 139.0. UpToDate, accessed 07/13/2015.

Decision rationale: EpiPens (injectable epinephrine) is a medication in the alpha-/beta-agonist class. The MTUS Guidelines are silent on this issue. This form is FDA-approved for use in the treatment of type I allergic reactions (including anaphylaxis). If symptoms continue, a second dose may be repeated using a second EpiPen injector. The World Health Organization and other Guidelines recommend the availability of one dose for every ten to twenty minutes of travel time to a medical emergency facility. The submitted documentation indicated the worker was experiencing painful internal hemorrhoids. These records reported the worker suffered from chronic bronchitis with a history of smoking and allergies to certain metals. There was no discussion detailing symptoms or findings suspicious for an increased risk for a type I allergic reaction. While the worker had a history of cardiac arrest, the submitted treating physician notes did not support this type of reaction as the cause or describe special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for two EpiPens (injectable epinephrine) 0.3mg with one refill is not medically necessary.

Proair: Upheld

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 Albuterol (salbutamol): Drug information. Topic 9396, version 147.0. UpToDate, accessed 07/13/2015.

Decision rationale: ProAir (albuterol) is an inhaled medication in the beta2-agonist class. The MTUS Guidelines are silent on this issue. It is FDA-approved for use in the treatment or prevention of bronchospasm in patients with reversible obstructive airway disease and in the prevention of exercise-induced asthma. There is also some literature to support its use as part of the treatment for a high potassium level in the blood. The submitted and reviewed documentation indicated the worker was experiencing painful internal hemorrhoids. These records reported the worker suffered from chronic bronchitis with a history of smoking and allergies to certain metals. While these records did not detail the worker's lung condition, this medication is approved for its treatment when needed. However, the request was for an indefinite supply, which would not allow for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of ProAir (albuterol) is not medically necessary.