

Case Number:	CM15-0138986		
Date Assigned:	07/29/2015	Date of Injury:	06/02/2011
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 57-year-old female who sustained an industrial injury on 6-2-2011. She hurt herself by falling out of bed to the floor injuring her cervical spine and shoulders. She has reported injury to the neck and shoulders and has been diagnosed with industrial and third party injury causing C5-6 disc herniation now with collapse, regression, spondylitic nerve root and cord effacement, radiculopathy, and myeloradiculopathy C5-6, C6-C7 industrial disc with third party injury, whiplash, disc osteophyte complex, cord and nerve root effacement, and myeloradiculopathy, stable mild C4-5 spondylosis, bilateral shoulder procedures with persistent mild shoulder arthropathy, EMG history of brachial plexopathy, and cervical tension headaches complicated by migrainous component. There was significant Spurling's and Lhermitte's into the right shoulder and biceps-forearm greater than left. Sensory showed right deltoid, forearm, thumb, and index sensory loss greater than left. There was some right ulnar loss in the ring and small finger. The treatment plan included a neurology consultation and repeat EMG-NCV of the bilateral upper extremities. The treatment request included ventolin inhaler # 2 times three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ventolin inhaler #2 times 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, Albuterol (Ventolin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682145.html>.

Decision rationale: Pursuant to MEDLINE plus, Ventolin inhaler #2 with three refills is not medically necessary. Albuterol is used to prevent and treat wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease (COPD; a group of diseases that affect the lungs and airways). Albuterol inhalation aerosol is also used to prevent breathing difficulties during exercise. Albuterol is in a class of medications called bronchodilators. It works by relaxing and opening air passages to the lungs to make breathing easier. In this case, the injured worker's working diagnoses are acute pneumonitis chemical; depression unspecified; other chronic pain; and nausea alone (according to a May 20, 2015 progress note). The date of injury is June 2, 2011. The request for authorization is July 13, 2015. The injured worker was involved in a fire and developed pneumonitis, presumably from inhalation injury. She was initially treated with oral steroids with some improvement. Workup included a hypersensitivity pneumonitis panel for pigeon droppings. The injured worker's health has declined and the injured worker underwent an open lung biopsy. Subjectively, the injured worker has ongoing shortness of breath with exertion. The treating provider prescribed inhalers February 2015. Objectively, the respiratory rate is 16, heart rate 112 with oxygen saturation of 96% on room air. Respiratory examination showed fine crackles in the bilateral lung base with no wheezing. Heart examination was unremarkable. The treating provider appears to follow the injured worker monthly. The treating provider requested Ventolin #2 with three refills. There is no clinical indication for refills while the injured worker is followed once per month with a reevaluation. Consequently, absent clinical documentation with the clinical indication and rationale for multiple refills (#3) when the injured worker is followed monthly, Ventolin inhaler #2 with three refills is not medically necessary.