

Case Number:	CM15-0192804		
Date Assigned:	10/06/2015	Date of Injury:	02/19/2001
Decision Date:	12/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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

Certification(s)/Specialty: Otolaryngology

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 63-year-old female with a date of industrial injury 2-19-2001. The medical records indicated the injured worker (IW) was treated for active Meniere's disease, cochleovestibular and sensorineural hearing loss, unspecified. In the progress notes (8-24-15), the IW reported hearing loss. Medications included Clarinex (Desloratadine) (since at least 2013), LBC Complex (since at least 2013), Levoxyl, Naprosyn, Nasonex (since 2013), Premarin and Valium (since at least 2013). On examination (8-24-15 notes), the bilateral ears and canals were normal. A microscope was used with suction to clean the ear canals. Treatments included yearly audiogram, medications and dietary management. A Request for Authorization was received for Nasonex 50mcg, #1 with 11 refills, Desloratadine 5mg, #30 with 11 refills, Valium 5mg, #60 with 2 refills, LBC Complex plus #100 with 20 refills. The treating physician did not provide a specific rationale for any of the medications or food supplements beyond stating that the patient had been using these long term and needed to continue them. The Utilization Review on 9-1-15 non-certified the request for Nasonex 50mcg, #1 with 11 refills, Desloratadine 5mg, #30 with 11 refills and LBC Complex plus #100 with 20 refills; the request for Valium 5mg, #60 with 2 refills was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LBC Complex plus #100 refill:20: 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) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Syed I, Aldren C. Meniere's disease: an evidence based approach to assessment and management. Int J Clin Pract 2012;66(2):166-170.

Decision rationale: LBC Complex is a mixture of vitamins and other food supplements. The treating physician did not provide specific evidence in support of any of the ingredients in LBC Complex and did not provide any evidence of any dietary deficiencies in this injured worker. Therefore LBC Complex plus #100 refill: 20 is not medically necessary.

Nasonex 50mcg #1 refills: 11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Syed I, Aldren C. Meniere's disease: an evidence based approach to assessment and management. Int J Clin Pract 2012;66(2):166-170. Phillips JS, et al. Intratympanic steroids for Meniere's disease or syndrome. Cochrane Database Syst Rev. 2011;July 6;7: CD008514.

Decision rationale: The above citations and further search of the literature does not support the use of intranasal steroid as efficacious in the treatment of Meniere's disease. Nasonex is indicated for treatment of allergic rhinitis and nasal congestion. The treating physician did not provide any specific evidence in support of Nasonex as treatment for Meniere's disease. Nasonex is therefore not medically necessary.

Desloratadine 5mg #30 refills: 11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Syed I, Aldren C. Meniere's Disease: an evidence based approach to assessment and management. Int J Clin Pract 2012;66(2):166-170.

Decision rationale: Literature cited and further web based search yields no evidence that treatment of Meniere's disease with Desloratadine or other antihistamines is medically efficacious. The treating physician did not provide any specific evidence in support of desloratidine as treatment for Meniere's disease. Desloratidine is therefore not medically necessary.

Valium 5mg #60 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Syed I, Aldran C. Meniere's disease: an evidence based approach to assessment and management. Int J Clin Pract 2012;66(2):166-170.Oqbru, O. MedicineNet. Diazepam, 12/26/14.

Decision rationale: While valium and similar suppressive drugs are used to control symptoms of Meniere's disease, they should be used as sparingly as possible on an as needed basis only. Benzodiazepines for treatment of Meniere's disease are not indicated on a chronic, regular basis. Long term use of benzodiazepines can lead to addiction. The treating physician did not provide a specific rationale for chronic benzodiazepines as they were prescribed to this injured worker. The treating physician did not provide specific information regarding the pattern and results of use. It is not medically necessary to dispense this class of medication in large quantities for extended periods of time. The MTUS, per the citation above, does not recommend benzodiazepines for long term use for any condition. Valium as prescribed to this injured worker is not medically necessary. This medical necessity decision addresses the overall indications for benzodiazepines in this injured worker and does not describe the specific manner by which benzodiazepines will be stopped. The MTUS, in the chronic pain section, "Weaning of medications", recommends that benzodiazepines be tapered gradually. The MTUS describes an approach to weaning which involves a comprehensive consideration of patient-specific clinical factors. Cessation of medications should be tailored to the needs of each patient, and the treating physician will need to consider the indications for immediate discontinuation versus gradual weaning for this injured worker. It is beyond the scope of this review to determine the precise manner in which benzodiazepine prescribing should be discontinued for this particular injured worker. The treating physician is advised to consult the MTUS, and if necessary, other relevant guidelines, regarding the most appropriate method for terminating benzodiazepines prescribing for this injured worker. This request is not medically necessary.