

Case Number:	CM15-0212304		
Date Assigned:	11/06/2015	Date of Injury:	01/13/2011
Decision Date:	12/21/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 was a 61 year old male, who sustained an industrial injury, January 13, 2011. The injured worker was undergoing treatment for impingement syndrome right shoulder and right shoulder rotator cuff tear, GERD (gastroesophageal reflux disease), Hypertension, chronic pain syndrome, bilateral shoulder internal derangement right greater than the left ad status post right shoulder arthroscopic decompression surgery on April 2014 and occupational lung disease with asthma. According to progress note of September 14, 2015, the injured worker's chief complaint was left shoulder. The objective findings were injured worker was started on Norvasc at the prior visit and blood pressure remained under borderline controlled. The injured work's lungs were clear with no respiratory complaints. There was no documentation to support the injured worker was continuing to use Meclizine for dizziness. The injured worker previously received the following treatments Singulair for asthma since March 2015, Albuterol since March 2015 for Asthma, Ambien, Lisinopril and Norvasc. The RFA (request for authorization) dated October 1, 2015; the following treatments were requested prescriptions for Albuterol and Meclizine 1.5mg #90. The UR (utilization review board) denied certification on October 3, 2015; for prescriptions for Albuterol, Meclizine 1.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Albuterol x 3 refills: 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 Medscape Internal Medicine 2014.

Decision rationale: Salbutamol, also known as Albuterol and marketed as Ventolin among other names, is a medication that opens up the medium and large airways in the lungs. It is used to treat asthma, exercise-induced bronchospasm, and chronic obstructive pulmonary disease (COPD). It may also be used to treat high blood potassium levels. It is usually used by inhaler or nebulizer but is also available as a pill and intravenous solution. Onset of action of the inhaled version is typically within 15 minutes and lasts for two to six hours. In this case, the patient has asthma related to his occupational lung disease and he requires intermittent use of an Albuterol inhaler. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Meclizine 12.5mg #90: 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 Medscape Internal Medicine 2014.

Decision rationale: Meclizine is an antagonist at H1 receptors. It possesses anticholinergic, central nervous system depressant, and local anesthetic effects. Its antiemetic and antiverigo effects are not fully understood, but its central anticholinergic properties are partially responsible. The drug depresses labyrinth excitability and vestibular stimulation, and it may affect the medullary chemoreceptor trigger zone. Meclizine also is a dopamine antagonist at D1-like and D2-like receptors. There is no specific indication for the use of this medication. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.