

Case Number:	CM15-0218808		
Date Assigned:	11/10/2015	Date of Injury:	10/01/1987
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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 59-year-old male, who sustained an industrial injury on 10-01-1987. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for occupational asthma, high blood pressure, hyperlipidemia, diabetes, childhood asthma, and environmental allergies. Medical records (05-23-2015 to 08-19-2015) indicate ongoing intermittent flare-up of asthmatic symptoms. Records also indicate no significant changes in activity levels or level of functioning except during flare-up episodes. Per the treating physician's progress report (PR), the IW has returned to work with full duty. The physical exam, dated 08-12-2015, revealed mucosa edema in the nose, normal respiratory effort and breathe sounds, with no wheezing, rales or respiratory distress. Relevant treatments have included: physical therapy (PT), work restrictions, and medications. Current or daily medications include Singulair, Ventolin HFA, Breo Ellipta and Flonase. The treating physician indicates that on 08-12-2015, the IW underwent a spirometry, which was reported to show moderate obstructive ventilatory defect with significant bronchodilator response, and air trapping. The request for authorization was not available for review; however, the utilization review letter states that the following service and medications were requested on 10-19-2015: home nebulizer machine with battery option, course of Prednisone for 7 to 10 days, and Ceftin 7 to 10-day supply. The original utilization review (10-29-2015) non-certified the request for home nebulizer machine with battery option, course of Prednisone for 7 to 10 days, and Ceftin 7 to 10-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home nebulizer machine with battery option: 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), Pulmonary Chapter, Online Edition, Asthma medications.

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 12/24/2015.

Decision rationale: Nebulizers are devices that allow someone to breathe in liquid medications by turning them into a fine mist. Albuterol is an inhaled medication in the beta2-agonist class. The MTUS Guidelines are silent on these issues. Albuterol 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 congestion involving the head, a cough with sputum, episodes of problems breathing, back pain, and daytime sleepiness. These records reported the worker suffered from a type of breathing problem. The discussions in the submitted treating specialist notes recorded most recent to the request suggested the worker's breathing was generally well-controlled with the use of inhalers (another way to breath in medications). There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a nebulizer machine with a battery option for home use is not medically necessary.

Course of Prednisone for 7 to 10 days: 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), Pulmonary Chapter, Online Edition, Prednisone (Deltasone).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prednisone: Drug information. Topic 9809, version 175.0. UpToDate, accessed 11/13/2015.

Decision rationale: Prednisone is a medication in the corticosteroid class. The MTUS Guidelines are silent on this issue. Prednisone is a very strong anti-inflammatory medication, and it suppresses the immune system, which fights infections. It is FDA-approved to control specific allergic conditions that did not respond to usual treatments, specific skin conditions, high calcium levels due to a cancer-induced syndrome, underactive adrenal glands, significant flares of Crohns disease or ulcerative colitis, certain blood conditions that occur due to problems with the immune system, lymphoma and leukemia under certain circumstances, certain severe allergic and inflammatory eye conditions, symptomatic sarcoidosis, asthma flares, the lung inflammation associated with swallowing problems, a kidney condition that causes too much protein in the urine under certain circumstances, specific autoimmune conditions in certain circumstances (such as during a flare), and a few other less common conditions. The literature also supports the use of prednisone to treat flares of chronic obstructive pulmonary disease, Bell's palsy, inflammation of the wrapping around the heart, symptoms related to cancer in the brain or in the bones under certain circumstances, specific thyroid conditions, specific conditions causing inflammation of arteries, and autoimmune hepatitis. This medication can have very serious negative side effects and complications, even

with short-term use, and should not be used along with certain other medications, supplements, and herbs. Prednisone should also not be used at all or should be used with caution when someone has certain medical conditions. The submitted and reviewed documentation indicated the worker was experiencing congestion involving the head, a cough with sputum, episodes of problems breathing, back pain, and daytime sleepiness. These records reported the worker suffered from a type of breathing problem. The discussions in the submitted treating specialist notes recorded most recent to the request suggested the worker's breathing was generally well-controlled with the use of inhalers (another way to breath in medications). There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for a variable length of time and an unspecified dose, which would not allow for a determination of medical need. For these reasons, the current request for an unspecified number of tablets of prednisone at an unspecified dose is not medically necessary.

Ceftin 7 to 10 day supply: 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), Pulmonary Chapter, Online Edition, Cefuroxime (Ceftin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cefuroxime: Drug information. Topic 9230, version 160.0. UpToDate, accessed 12/23/2015.

Decision rationale: Cefuroxime (Ceftin) is a medication in the second-generation cephalosporin (a type of antibiotic) class. The MTUS Guidelines are silent on this issue. The oral form is FDA-approved in the treatment of adults with new maxillary sinus bacterial infections along with another antibiotic and when due to specific bacteria, new bronchitis or flares of ongoing bronchitis when due to specific bacteria, early Lyme disease, mild-to-moderate throat infection and tonsillitis when due to a specific bacteria, uncomplicated skin infections when due to specific bacteria, and infected urine when due to specific bacteria. The literature also supports its use in treating some wounds caused by some animals. The submitted and reviewed documentation indicated the worker was experiencing congestion involving the head, a cough with sputum, episodes of problems breathing, back pain, and daytime sleepiness. These records reported the worker suffered from a type of breathing problem. The discussions in the submitted treating specialist notes recorded most recent to the request suggested the worker's breathing was generally well-controlled with the use of inhalers (another way to breath in medications). There was no discussion sufficiently detailing the reason this therapy was needed, documenting findings suggestive of any of the above conditions, or reporting special circumstances that sufficiently supported this request. Further, the request was for a variable length of time and an unspecified dose, which would not allow for a determination of medical need. For these reasons, the current request for a seven- to ten-day supply of an unspecified dose of cefuroxime (Ceftin) is not medically necessary.