

Case Number:	CM15-0039379		
Date Assigned:	03/09/2015	Date of Injury:	01/12/2003
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old female sustained an industrial injury on 1/12/03. Documentation failed to disclose the mechanism of injury. The injured worker was currently being treated for asthma. In a PR-2 dated 2/9/15, the injured worker reported a history of dry cough, shortness of breath, wheezing, nocturnal dyspnea, reflux and heartburn. Physical exam was remarkable for lungs with expiratory wheezing. Current diagnoses included asthma noted to currently be under inadequate control, gastroesophageal reflux disease and obesity. The treatment plan included Advair, Singulair, a short course of oral steroids, anti-reflux measures, Omeprazole, reducing the use of ProAir and avoiding rescue inhaler use unless necessary. The physician noted that if the injured worker had to use her rescue inhaler more than three times a week, her control therapy would be adjusted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10 mg Qty 80: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 42 year old female has complained of shortness and breath, cough and GERD symptoms since date of injury 1/12/03. She has been treated with medications. The current request is for prednisone 10 mg per day. Current evidenced based guidelines recommend oral corticosteroids as a second line agent for the treatment of persistent severe asthma. There is inadequate documentation in the available medical records to support a diagnosis of persistent severe asthma in this patient. On the basis of the available medical documentation and per evidenced based guidelines, prednisone 10 mg is not indicated as medically necessary.

Singular 10 mg Qty 30: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 42 year old female has complained of shortness and breath, cough and GERD symptoms since date of injury 1/12/03. She has been treated with medications. The current request is for singular. Current evidenced based guidelines recommend a step wise treatment approach for the treatment of asthma to include an initial trial of inhaled corticosteroids prior to treatment with a leukotriene antagonist agent (singular). There is no documentation in the available medical records that there has been a trial of an inhaled corticosteroid. On the basis of the available medical documentation and per current evidenced based guidelines, singular is not indicated as medically necessary.