

Case Number:	CM15-0049655		
Date Assigned:	03/23/2015	Date of Injury:	02/27/1995
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury, August 19, 1986. The injured worker previously received the following treatments Duragesic 75mcg every 72 hours, Lunesta, Doxycyline, Levalbuterol inhaler, Pristiq, Percocet, Norco, Celebrex, physical therapy and brace. The injured worker was diagnosed with obstructive sleep apnea, chronic obstructive pulmonary disease, depression, asthma, dependence on the enabling machine, GERD, Morbid obesity and dependence on enabling machine H2O per injured worker. According to progress note of January 7, 2015, the injured workers had a chest x-ray for possible pneumonia, the chest x-ray was clear. The injured worker wore a brace. The straight leg was positive on the right, the injured worker. The treatment plan included prescription renewal Levalbuterol inhaler.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levalbuterol 1.25mg quantity: 1.00: 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 <http://www.rxlist.com/xopenex-drug.htm>.

Decision rationale: Levalbuterol (Xopenex) is not mentioned by MTUS or ODG, but the above cited reference states the following: "Levalbuterol is used to prevent or relieve the wheezing, shortness of breath, coughing, and chest tightness caused by lung disease such as asthma and chronic obstructive pulmonary disease (COPD; a group of diseases that affect the lungs and airways)." It is mainly used in people who are not able to tolerate albuterol. The medical documentation shows that the employee is also taking and tolerating an albuterol inhaler. Therefore, the request is not medically necessary.