

Case Number:	CM15-0052163		
Date Assigned:	03/25/2015	Date of Injury:	12/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 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 applicant is a represented 38-year-old [REDACTED] beneficiary who has filed a claim for dyspnea reportedly associated with an industrial injury of December 4, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for Nasonex and Claritin. March 4, 2015 RFA form is referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 11, 2015, Claritin and Nasonex were endorsed. The diagnoses stated on the RFA form were exposure to tuberculosis, shortness of breath, and chest pain. In an associated progress note dated February 11, 2015, the applicant reported unchanged shortness of breath and/or chest pain. Claritin and Nasonex were prescribed and/or dispensed while the applicant was placed off of work, on total temporary disability, for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasonex #1: 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, Nasal Spray.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation FDANASONEX ® (mometasone furoate monohydrate)

Decision rationale: No, the request for Nasonex was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider did not state for what purpose Nasonex was prescribed. While the Food and Drug Administration (FDA) does acknowledge that Nasonex, a corticosteroid inhaler, is indicated in the treatment of allergic rhinitis, nasal congestion, seasonal allergic rhinitis, and/or nasal polyps, in this case, however, there was no mention of the applicant's having any nasal issues evident on the February 11, 2015 office visit. The applicant's sole presenting complaints were alleged dyspnea and shortness of breath. It did not appear that the applicant carried a diagnosis or symptom for which Nasonex would have been indicated, per the FDA. Therefore, the request was not medically necessary.

Claritin 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/2523301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine Loratadine (Claritin) Treats allergy (hay fever) symptoms and hives. This medicine is an antihistamine.

Decision rationale: Similarly, the request for Claritin (loratadine), an over-the-counter antihistamine, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Claritin usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider did not state for what purpose Claritin had been prescribed. The attending provider did not state for what diagnosis and/or diagnoses he was introducing Claritin. While the National Library of Medicine (NLM) does acknowledge that Claritin, an over-the-counter antihistamine, is indicated in the treatment of allergy symptoms, hay fever symptoms, and/or hives, in this case, however, there was no mention of the applicant's having any issues with allergies, hay fever, and/or hives. The attending provider did not state for what purpose Claritin had been introduced. The applicant's sole presenting complaints on the date in question were alleged shortness of breath/exertional dyspnea. This is not, however, an indication for Claritin, per the National Library of Medicine (NLM). Therefore, the request was not medically necessary.