MAXIMUS Federal Services

Case Number:	CM15-0053623		
Date Assigned:	03/27/2015	Date of Injury:	01/05/2000
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75-year-old male, who sustained an industrial injury on 11/4/06. The injured worker was diagnosed as having chronic obstructive pulmonary disease, tachycardia and dyspnea. Treatment to date has included oral medications, inhaled medication and oxygen therapy. Currently, the injured worker complains of increased shortness of breath. The treatment plan for the date of service 5/24/12 consisted of continuing inhalers and oxygen. A follow up chest (CT) computerized tomography scan and PFT's are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spiriva 18 mcg, thirty count with six refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Anticholinergic (inhaled).

Decision rationale: The patient presents with an increased shortness of breath. The current request is for Spiriva 18 mcg, thirty count with six refills. The requesting treating physician report was not found in the documents provided. The most current progress report provided for review was dated 5/24/12 (10B) states, "Patient has increased SOB. No cough or wheezing or sputum production. No CP or hemoptysis. No PND/Orthopnea or LE edema." The MTUS guidelines do not address the current request. The ODG has the following regarding tiotropium: "Recommended: for cough due to chronic bronchitis. (Braman, 2006b) Tiotropium, a long-acting inhaled anticholinergic medication is associated with improvements in lung function, quality of life, and exacerbations in COPD patients, but not in the rate of decline in the FEV1. (Tashkin, 2008) It is also of value in the treatment of asthma, with effects similar to long-acting beta adrenergics. (Peters, 2010) It may be of more value than long-acting beta-agonists in COPD patients." Medical reports provided, show the patient has been taking Spiriva since at least 5/24/12. A report dated 7/7/09 (6B) notes that the patient had a diagnosis of COPD. In this case, there were no current medical reports provided after 2012. Tiotropium is not considered a disease modify medication. It is used to manage the symptoms of COPD and to improve quality of life. Evaluation of efficacy of the medication should be occasionally performed. Without evidence that the requested medication is providing any benefit, medical necessity has not been established. The current request does not satisfy the ODG guidelines and recommendation is for denial. The treatment is not medically necessary.