

<b>Case Number:</b>	CM15-0086841		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 32-year-old male, who sustained an industrial injury on 8/28/2013. The current diagnoses are recalcitrant right shoulder tendinosis, status post arthroscopic surgery. According to the progress report dated 3/2/2015, the injured worker complains of pain and a popping sensation in the right shoulder with active range of motion. His symptoms have not changed over the last several months. The level of pain is not rated. The physical examination of the right shoulder reveals limited range of motion, positive impingement sign, and positive speed test. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI Studies, physical therapy, chiropractic, steroid injection, and surgical intervention. The plan of care includes prescription for Pseudoephedrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pseudoephedrine 60 mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL ([www.drugs.com/ppa/pseudoephedrine-d-isoephedrine.html](http://www.drugs.com/ppa/pseudoephedrine-d-isoephedrine.html)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682619.html>.

**Decision rationale:** Pursuant to Medline plus, pseudoephedrine 60 mg #60 is not medically necessary. Pseudoephedrine is used to relieve nasal congestion caused by colds, allergies and hay fever. It is used to temporarily relieve sinus congestion and pressure. Pseudoephedrine will relieve symptoms but not treat the cause of the symptoms or speed recovery. It is a nasal decongestant. In this case, the injured worker's working diagnoses are insomnia, headache and constipation notice dated according to a November 14, 2014 progress note. The November 14, 2014 progress note is the most recent progress note in the medical record by the treating/requesting provider. The request for authorization is April 21, 2015. The documentation from the November 14 progress note states water drips from the nose when leaning forward. There is no physical examination in the progress. There are no contemporaneous progress notes on or about April 21, 2015 (RFA). There is no clinical indication and rationale in the medical record for pseudoephedrine. Consequently, absent clinical documentation with a clinical indication and rationale for pseudoephedrine, pseudoephedrine 60 mg #60 is not medically necessary.