MAXIMUS Federal Services

Case Number:	CM15-0235293		
Date Assigned:	12/10/2015	Date of Injury:	05/04/1992
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 05-04-1992. A review of the medical records indicated that the injured worker is undergoing treatment for asthma, chronic obstructive pulmonary disease, cough and shortness of breath. The injured worker has a history of allergic rhinitis. According to the treating physician's progress report on 07-07-2015, the injured worker was evaluated for cough, dyspnea on exertion and medication discussion. Examination demonstrated a nasal discharge and postnasal drip. No thoracic asymmetry, pursed lip breathing or mouth breathing was observed. Respiratory rhythm and depth were normal without accessory muscles used during expiration. There were no retractions present. Percussion did not demonstrate apical or lower lung dullness and no hyper resonance. Breath sounds were clear throughout on auscultation without wheezing, rhonchi, rales or adventitious sounds present. No pleural friction rub was heard. Official spirometry report of performed on 06-15-2015 was included in the review. There was no clubbing of the fingers and no cyanosis. Prior treatments have included diagnostic testing, laboratory blood work and medications. Current medications were listed as Claritin, Patanol eye drops, Spiriva, Ventolin and Zyrtec. Treatment plan consists of the current request for Veramyst 27.5mcg spray #10. On 11-06-2015 the Utilization Review determined the request for Veramyst 27.5mcg spray #10 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Veramyst 27.5mcg spray #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.gsksource.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Allergic Rhinitis. DENISE K. SUR, MD, and STEPHANIE SCANDALE, MD, David Geffen School of Medicine, University of California, Los Angeles, California. Am Fam Physician. 2010 Jun 15; 81 (12): 1440-1446.

Decision rationale: According to the referenced literature, nasal steroids are appropriate in the treatment of allergic rhinitis. In this case, the claimant has allergic rhinitis and has not responded to Claritin, Ventolin or Zyrtec in the past. The use of Veramyst is medically necessary.