

Case Number:	CM15-0240391		
Date Assigned:	12/17/2015	Date of Injury:	04/17/2008
Decision Date:	01/22/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male, who sustained an industrial injury on 04-17-2008. He has reported injury to the right knee and bilateral feet. The diagnoses have included pain in joint: lower leg right, lateral knee meniscus tear: right, neuropathic pain, chest wall pain, dyspnea, and exercise-induced bronchospasm. Treatment to date has included medications, diagnostics, and surgery to the bilateral feet. Medications have included Tramadol, Celebrex, Lyrica, Propranolol, Albuterol Sulfate inhaler, Qvar inhaler, and Omeprazole. A progress report from the treating provider, dated 11-19-2015, documented an evaluation with the injured worker. The injured worker reported chest wall pain, dyspnea, and wheezing; and he was told he "likely had an exercise-induced asthma and possibly a neuropathic component to his pain". He started an inhaled corticosteroid and was given samples of Qvar; his symptoms remain unchanged with occasional anterior chest pain which is not necessarily exertional, dyspnea on exertion at times, and tightness and pressure in his chest. The provider noted that at the last visit, this condition was likely related to his electrocution given that he has no asthma symptoms prior to the accident, and noted that he has a history of tachycardia after his accident, and has been on Propranolol. As well, "complete pulmonary function testing was done and showed only reversible small airway obstruction". Objective findings included normal respiratory auscultation, normal effort, absent chest wall tenderness, cardiovascular regular rate and rhythm, and no extremity edema. The treatment plan has included the request for Qvar 80 mcg inhaler with 11 refills. The original utilization review, dated 12-01-2015, modified the request for Qvar 80 mcg inhaler with 11 refills, to 1 prescription of Qvar 80 mcg inhaler with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qvar 80 mcg inhaler with 11 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation QVar prescribing information.

Decision rationale: The claimant sustained an electrocution injury in April 2008 while working as a lineman. He continues to be treated for chest wall and neuropathic pain. In August 2015 medications included Albuterol. There was a pending pulmonary evaluation which was done on 09/09/15. He was having chest tightness and occasional bronchospasm. He had responded favorably to inhaled Albuterol which was now being denied. He had no history of significant sleep apnea, seasonal allergies, and did not smoke. Pulmonary function testing showed findings of mild obstructive airway disease which improved to normal after bronchodilator use. There were normal lung volumes, diffusing capacity, and blood gas results. A chest x-ray was negative for cardiomegaly. His Epworth Score was 6. Physical examination findings included a body mass index over 28. His Mallampati score was III. The examination was otherwise normal. Recommendations included continued use of Albuterol and QVar samples were provided. In November 2015 he had not tried the samples because he was concerned that he wouldn't be able to get the medication approved. He was having ongoing chest wall pain rated at 1/10. QVar was requested with a 12 month supply. QVAR (beclomethasone dipropionate) is indicated in the maintenance treatment of asthma as prophylactic therapy and for asthma patients who require systemic corticosteroid administration, where adding QVAR may reduce or eliminate the need for the systemic corticosteroid. In this case, the claimant is not taking a systemic corticosteroid. A trial of QVar was recommended and a response to treatment would be expected by 6 weeks. In this case, a 12 month supply was requested. An assessment for efficacy and side effects would be expected after 2 months. The requested 12 month supply was not medically necessary.