

Case Number:	CM15-0245154		
Date Assigned:	12/24/2015	Date of Injury:	11/15/2013
Decision Date:	01/29/2016	UR Denial Date:	12/08/2015
Priority:	Standard	Application Received:	12/16/2015

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: 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 37 year old male, who sustained an industrial injury on 11-15-13. Medical records indicate that the injured worker is undergoing treatment head trauma, fracture of the right elbow, right ankle and right pelvis, closed fracture of the nose, post-traumatic stress disorder, seizure-like activity and status-post open reduction and internal fixation of the right olecranon with residual adhesive capsulitis. The injured worker is currently not working. On (11-19-15) the injured worker reported episodes of dizziness and near syncope. The injured worker also noted episodes of vision loss. Objective findings noted that the injured worker was positive for syncope, vertigo, dysphagia, blurry vision, double vision, loss of hearing, difficulty walking, headache, weakness, pain in the joints, swollen joints, headache, change in sensation, sleeplessness, depression, memory loss and poor coordination. The injured worker also had nausea, vomiting, muscle cramps, a cough and shortness of breath. Examination of the nose revealed no sign of inflammation. Treatment and evaluation to date has included medications, MRI of the brain, neuropsychology testing, electroencephalogram and physical therapy. The electroencephalogram was noted to be normal. Current medications include hydrocodone-acetaminophen, fish oil and Nasonex nasal spray. The Request for Authorization dated 11-23-15 included a request for Nasonex 50mcg nasal spray dispense 17 grams. The Utilization Review documentation dated 12-8-15 non-certified the request for Nasonex 50mcg nasal spray dispense 17 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasonex 50mcg nasal spray Disp 17g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2015.

Decision rationale: Intranasal steroids have traditionally been reserved for patients with severe allergic symptoms not controlled by antihistamines alone. Recently, the use of these agents as a first-line therapy has become more common, especially after the release of newer formulations requiring only once or twice daily dosing. In a recent consensus paper, the American College of Allergy, Asthma, and Immunology listed intranasal steroids as the most effective therapy in controlling the symptoms of allergic rhinitis. In this case there is no documentation that the patient has allergic rhinitis related to the industrial injuries which occurred on 11/15/13. Medical necessity for the requested item has not been established. The requested item is not medically necessary.