

Case Number:	CM14-0113152		
Date Assigned:	09/18/2014	Date of Injury:	09/27/2013
Decision Date:	10/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injuries on September 27, 2013. The chemicals had contact on his skin and he inhaled various chemical vapors while cleaning inside a tank. The injured worker was seen by the treating physician on October 4, 2013, due to his rash. On examination, raised erythematous papular rash was evident over the upper extremities, chest, and abdomen. An inspection on October 8, 2013 revealed erythematous papular rash, fine scale, and multiple small scabs on his arms. In his subsequent visit on October 18, 2013, raised erythematous rash was still present. On examination, fine papular rash was noted on the forearms. One centimeter superficial ulcerations were evident on the right dorsal forearm. The second one was slightly raised and erythematous with intact skin. He followed-up on October 25, 2013. The raised erythematous rash was still noted upon examination. A healing scab was noted in the right forearm. The fine papular rash was evident over the forearms and abdomen. He returned on November 1, 2013 and objective findings revealed raised erythematous rash that was less prominent on the forearms and persistent on the abdomen. Scattered redness of very fine papules was also noted. The injured worker presented to the treating physician on November 27, 2013 for a clinical internal medicine evaluation and recommendation. He complained of chemical exposure, dermatological problems, headaches, shortness of breath, sleep disturbance, and internal complaints. A physical examination of the skin revealed rashes. An abdominal examination demonstrated scars, post inflammation over the forearms, as well as hyperpigmentation residual in the upper extremities, torso and legs. An examination of the upper extremities showed post-phlebotic syndrome. He returned on January 8, 2014 with complaints of ongoing abdominal pain, headaches, reflux, poor quality of sleep, intermittent shortness of breath, and rashes. The physical examination revealed no significant abnormal findings. In his subsequent visit on March 5, 2014, he complained of skin rashes, worsening acid reflux and

worsening sleep quality. The objective findings were unchanged. The injured worker returned on April 30, 2014 and reported intermittent and less frequent acid reflux symptoms but no change in his other problems. On examination, periumbilical pain was noted. The injured worker was seen by the treating physician on January 27, 2014 with complaints of headaches, shortness of breath, abdominal discomfort, gastroesophageal reflux disease, and itchy skin. The neurological examination did not show any deficit. Drug test were obtained on February 5, 2014 and April 2, 2014. The results revealed detection of nortriptyline and sertraline. Exams were done on March 31, 2014. An upper gastrointestinal series examination revealed no abnormalities. An x-ray exam of the kidney, ureter and bladder demonstrated a moderate amount of feces in the colon.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENTOLIN HFA 2 PUFFS EVERY 4-6 HRS ON AS NEEDED BASIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: Although the injured worker sustained persistent occupational asthma for which the Official Disability Guidelines recommends Ventolin as the preferred first-line drug of treatment; the request did not however indicate the specific duration for which the asthma medication will be used. Moreover, to substantiate continued use of Ventolin, the injured worker's response to medication treatment must be properly documented. Therefore the requested VENTOLIN HFA 2 PUFFS EVERY 4-6 HRS ON AS NEEDED BASIS is not medically necessary and is non certified.