

Case Number:	CM14-0116853		
Date Assigned:	08/04/2014	Date of Injury:	08/10/2011
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, mid back, knee pain, and shoulder pain with derivative complaints of asthma reportedly associated with an industrial injury of August 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; corticosteroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a June 30, 2014 Utilization Review Report, the claims administrator denied a request for several bronchodilator and corticosteroid inhalers on the grounds that the attending provider has failed to establish a diagnosis of asthma for which these medications would be indicated. The applicant's attorney subsequently appealed. The applicant did undergo a knee arthroscopy, lateral meniscectomy, medial meniscectomy, and debridement procedure on January 17, 2014. In a June 11, 2014 progress note, the applicant was described as having persistent complaints of knee arthritis. The applicant retired from his former employment, it was stated. Viscosupplementation injection therapy was endorsed. On April 23, 2014, the applicant was described as a former firefighter with ongoing issues with knee arthritis. Viscosupplementation injections were again endorsed. The remainder of the file was surveyed. The applicant underwent hepatitis testing on January 15, 2014, which was negative for hepatitis A, hepatitis B, and hepatitis C. There was no explicit mention of the applicant's carrying any diagnosis of asthma at any point in the file, however. The bulk of the documentation was predicated on the applicant's ongoing issues with knee arthritis. It appeared that the claims administrator referenced an April 23, 2014 progress note in its denial, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advair Disku Aer 250/50 QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Advair Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration, Advair, a corticosteroid inhaler/beta-adrenergic agonist, is indicated in the treatment of asthma, air flow obstruction, and/or COPD. In this case, the documentation on file does not establish any such diagnosis of asthma, COPD, or bronchospasm for which Advair would be indicated. Therefore, the request is not medically necessary.

Budesonide Sus .5 mg/2 QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Budesonide Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), budesonide or Rhinocort is a corticosteroid nasal inhaler indicated in the treatment of seasonal or perennial rhinitis in either adults or children. In this case, however, the documentation on file failed to discuss or establish any such diagnosis of allergic rhinitis for which budesonide (Rhinocort) would be indicated. Therefore, the request is not medically necessary.

Levalbuterol Neb .63MG QTY 72.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Xopenex Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Xopenex or levalbuterol is indicated in the treatment of bronchospasm in applicants aged 4 years of age or greater with reversible airway disease. In this case, however, the documentation on file did not establish a diagnosis of bronchospasm or reversible obstructive airway disease (AKA asthma) for which introduction and/or ongoing usage of Xopenex (levalbuterol) would be indicated. Again, there is no mention of asthma or bronchospasm in any of the provided progress notes. Therefore, the request is not medically necessary.

Montelukast 10mg QTY 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Singulair Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) notes that Singulair or montelukast is indicated in the prophylaxis and/or chronic treatment of asthma, allergic rhinitis, and/or exercise-induced bronchoconstriction, in this case, however, there is no evidence that the applicant carries any such diagnoses of bronchospasm, exercise-induced bronchoconstriction, and/or asthma for which Singulair (montelukast) would be indicated. The provider progress notes made no mention of any active issues with asthma or bronchospasm. Therefore, the request is not medically necessary.

Veramyst Spr 27.5 mcg QTY 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Veramyst Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) notes that Veramyst (fluticasone) is a corticosteroid indicated in the treatment of seasonal and/or perennial allergic rhinitis in both adults and children aged 2 years of age or greater, in this case, however, the documentation on file did not establish a diagnosis of allergic rhinitis for which usage of Veramyst (fluticasone) would be indicated. Therefore, the request is not medically necessary.

Xopenex HFA aer QTY 15.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Inhalants (asthma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Xopenex Medication Guide.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration does acknowledge that Xopenex (levalbuterol) is indicated in the treatment or prevention of bronchospasm in applicants with reversible obstructive airway disease (AKA asthma), in this case, however, the progress notes on file made no mention of any issues with obstructive airway disease/asthma for which introduction and/or ongoing usage of Xopenex would be indicated. Therefore, the request is not medically necessary.