

Case Number:	CM14-0118369		
Date Assigned:	09/22/2014	Date of Injury:	05/04/1987
Decision Date:	10/21/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 54-year-old female with a 5/4/87 date of injury. The patient was hit on the left face by a softball and sustained a fractured orbit. According to a progress report dated 6/13/14, the patient was seen for medical evaluation regarding her trigeminal neuralgia and atypical facial pain. The provider has noted the need for a head and neck pain specialist and pain psychology. Objective findings: limited to vital signs. Diagnostic impression: trigeminal neuralgia, migraine. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 6/23/14 denied the request for Fluticasone nasal spray with 5 refills. There is nothing in the reports that shows a need for this synthetic corticosteroid for seasonal allergy treatment; a side effect can be headaches, which she has; it is not clear that this is an appropriate medication for this patient and does not appear to have any bearing on this work-related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone 120 sprays with 6 refills: Upheld

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

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: FDA (Flonase)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Flonase (fluticasone) is a synthetic corticosteroid nasal spray. It is indicated for the management of the nasal symptoms of seasonal and perennial allergic and nonallergic rhinitis. In the reports reviewed, there is no documentation that the patient is suffering from seasonal allergies. A specific rationale as to why the patient has been prescribed Flonase was not provided. In addition, the patient is also utilizing another corticosteroid nasal spray, Nasonex. Therefore, the request for Fluticasone 120 sprays with 6 refills is not medically necessary.