

Case Number:	CM14-0127881		
Date Assigned:	08/15/2014	Date of Injury:	01/12/1996
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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:

This is a 53-year-old male with a date of injury of 1/12/96. The mechanism of injury was not noted. On 5/1/14 he was seen for a follow-up evaluation. His last Work Comp. visit was 11/30/12. He has gained a significant amount of weight, still on meds and no longer seeing psych. He has apparently many stressful issues at home and work and also overeating. His medications include but not limited to prednisone 5mg every other day, Flovent (fluticasone) inhaler, Proair (albuterol) inhaler, hydrochlorthiazide, lisinopril and Zoloft. On exam he is morbidly obese and in no acute distress. The plan was to lose weight, follow-up with his psychiatrist again, and labs ordered for follow-up on beryllium exposure. He was to return after testing was completed. The diagnostic impression is morbid obesity, shortness of breath, hypertension, pulmonary eosinophilia and beryllium exposure (Berryliosis), and dysnea. Treatment to date: medication management: A UR decision dated 7/30/14 denied the request for prednisone. The prednisone was denied because there was not enough clinical documentation provided to substantiate this request. Without adequate clinical information from the treating physician such as appropriate history, physical examination, testing, description of prior treatment and the physician's reasoning for the request, medical necessity for the request has not been substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary Chapter Prednisone

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter Prednisone

Decision rationale: CA MTUS does not address this issue. ODG recommends oral prednisone for COPD. ODG states prednisone, an oral corticosteroid is recommended as a 2nd line choice for asthma. It is under study as a 1st line choice for asthma. However, there was very limited information submitted for review. The patient has a diagnosis of SOB, morbid obesity, hypertension and pulmonary eosinophilia and beryllium exposure, and a long list of current medications including but not limited to, prednisone 5mg take every other day, Flovent inhaler, and Proair inhaler. It was noted on 5/1/14, that labs were obtained and testing is ongoing, however, there are no results submitted for review, in fact very little information was submitted. In addition, the strength and quantity of prednisone requested was not included. Therefore, the request for Prednisone is not medically necessary.