

Case Number:	CM14-0149355		
Date Assigned:	09/18/2014	Date of Injury:	10/18/2012
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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, Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 66-year-old male who reported injury on 10/18/2012. Prior treatments, mechanism of injury, surgical history, and diagnostic studies were not provided. The injured worker's medications included montelukast sodium 10 mg, fluticasone propionate 50 mcg, levalbuterol hydrochloride 0.63 mg, and Advair Diskus 250/50 mg. The injured worker was utilizing Singulair since at least 05/2013. The documentation of 08/15/2014 revealed the injured worker's injury took place as a result of exposure to plants, oil, dust, organic materials and other chemical materials in the workplace. The injured worker had no shortness of breath, cough or sputum, and felt well. The injured worker's current medication regimen was noted to include Advair 250/50 twice a day, terazosin 2 mg per day, and Singulair 10 mg daily. The injured worker had albuterol inhaler and Xopenex if needed. Physical examination revealed the lungs were clear without evidence of wheezing, rhonchi, or rales. The pulmonary function test was noted to be 21% predicted, which was consistent with obstructive ventilatory deficit that was identified. The injured worker underwent a 12 lead echocardiogram revealing sinus bradycardia with a rate of 59 and premature ventricular complexes. The discussion in comment included the injured worker had a history of hypersensitivity pneumonitis, asthma probably allergic, recurrent episodes of infection with probable asthmatic bronchitis, pneumonitis, and/or pneumonia. There was no Request for Authorization or specific physician documentation requesting treatment. The record that was submitted for review was the Agreed Medical Examination/Re-Evaluation. There was no documented rationale for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Montelukast Sodium 10mg, #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pulmonary Procedure Summary last updated 7/29/2014: Montelukast (Singulair)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pulmonary Chapter, Montelukast (Singulair®)

Decision rationale: The Official Disability Guidelines recommend montelukast as a first line choice for asthma. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 1 year. However, there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 6 refills without re-evaluation. Given the above, the request for Montelukast Sodium 10 mg #60 with 6 refills is not medically necessary.