

Case Number:	CM14-0095248		
Date Assigned:	07/25/2014	Date of Injury:	03/08/2011
Decision Date:	09/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 64-year-old female with a 3/8/11 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/8/14, the patient presented feeling a little better. He has lost about 28 pounds in the last year. Objective findings: lungs clear, heart RR. Diagnostic impression: respiratory system disease. Treatment to date includes medication management, and activity modification. A UR decision dated 6/12/14 denied the requests for Lab (metabolic panel, CBC, lipid panel, hepatic functional panel, hemoglobin A1C, thyroid panel, uric acid, GGT, serum ferritin, vitamin D and Apo lipoprotein), Prednisone, Spiriva, Albuterol inhaler, and Advair diskus. Regarding the requested lab, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Regarding Prednisone, there is no documentation of a condition/diagnosis for which Prednisone would be indicated. Regarding Spiriva, Albuterol inhaler, and Advair diskus, there is no documentation of asthma and dose and quantity requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: metabolic panel, CBC, lipid panel, hepatic functional panel, hemoglobin A1C, thyroid panel, uric acid, GGT, serum ferritin, vitamin D and Apo lipoprotein: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. In the reports provided for review, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed for this patient. Therefore, the request for Lab: metabolic panel, CBC, lipid panel, hepatic functional panel, hemoglobin A1C, thyroid panel, uric acid, GGT, serum ferritin, vitamin D and Apo lipoprotein is not medically necessary.

Prednisone 1mg QD ,quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The California MTUS does not apply. According to Official Disability Guidelines (ODG), Prednisone is under study as a first-line choice for asthma; recommend oral corticosteroids as second line. Although, the patient is diagnosed with respiratory system disease, there is no documentation of a condition or diagnosis for which prednisone would be indicated. Therefore, the request for Prednisone 1 mg QD, quantity 30 is not medically necessary.

Spiriva capsules for inhalation (unknown dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The California MTUS does not apply. The Official Disability Guidelines (ODG) states that Tiotropium, a long-acting inhaled anticholinergic medication is associated with improvements in lung function, quality of life, and exacerbations in COPD patients, but not in the rate of decline in the FEV1. It is also of value in the treatment of asthma, with effects similar to long-acting beta adrenergics. It may be of more value than long-acting beta-agonists

in COPD patients. Within the records provided for review, despite a diagnosis of respiratory system disease, there is no documentation that the patient has a diagnosis of COPD or asthma. In addition, there is no documentation of dose and quantity requested. Therefore, the request for Spiriva capsules for inhalation (unknown dose and quantity) is not medically necessary.

Albuterol inhaler (unknown dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines (ODG) recommends inhaled short-acting beta2-agonists as a first-line choice for asthma. However, within the records provided for review, despite a diagnosis of respiratory system disease, there is no documentation that the patient has a diagnosis of COPD or asthma. In addition, there is no documentation of dose and quantity requested. Therefore, the request for Albuterol inhaler (unknown dose and quantity) is not medically necessary.

Advair diskus (unknown dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Official Disability Guidelines (ODG) recommends combination LABA (inhaled long-acting beta2-agonists)/ICS (inhaled corticosteroids) as a first-line choice for asthma. However, within the records provided for review, despite a diagnosis of respiratory system disease, there is no documentation that the patient has a diagnosis of COPD or asthma. In addition, there is no documentation of dose and quantity requested. Therefore, the request for Advair diskus (unknown dose and quantity) is not medically necessary.