

Case Number:	CM13-0068115		
Date Assigned:	04/02/2015	Date of Injury:	05/11/2010
Decision Date:	05/01/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 5/11/10. He reported initial injury of severe electrocution and extensive body burns. The injured worker was diagnosed as having status post severe electrocution with extensive body burns; severe OSA on new home CPAP since 3/115/12; erectile dysfunction; middle ear trauma post traumatic hearing loss. Treatment to date has included status post multiple skin grafting for severe burns, diagnostics as well as polysomnogram positive for sleep apnea; urological consults; ENT consult; psychological consult; neurological consult. Currently, the PR-2 dated 11/27/13 notes, the injured worker complains of neck swelling, lower back and right leg pain, using a new CPAP mask needs pressure adjusted and there is a decrease in shortness of breath and nasal spray is helping. There is also an increase in right shoulder pain, a decrease in the macular rash on back, feet and ankles. The injured worker also complains of headaches, disequilibrium, and decrease in vertigo. The provider documents a treatment plan to include: medications; internal medicine surgical clearance consult; weight loss program; ENT follow-up; orthopedic surgery consult for right shoulder; psychotherapy consult; urology consult for erectile dysfunction; CPAP replacement for head gear, chin strap, filter, humidifier chamber, tubing and mask. The provider has requested Fluticasone Propionate 50mcg #16 as one of the medications but was denied. The medical documentation indicates nasal spray is helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone Propionate 50mcg #16: 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 Fluticasone prescribing information.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for injuries sustained as the result of an electrocution injury. He has severe obstructive sleep apnea and uses CPAP. Fluticasone was helping with improved breathing. Fluticasone is approved for the treatment of the nasal symptoms of perennial nonallergic rhinitis. In this case, the claimant does not have this as a listed diagnosis. There are other available treatments for nasal congestion. Therefore, the continued prescribing of Fluticasone was not medically necessary.