

Case Number:	CM14-0218217		
Date Assigned:	01/16/2015	Date of Injury:	06/09/1988
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 73-year-old male, who sustained an industrial injury on June 9, 1988. The diagnoses have included history of industrial falling accident with aortic dissection with repair, cervical stenosis multilevel, cervical radiculitis, chronic thoracic back pain, history of multiple left shoulder surgery with chronic left shoulder pain and chronic right ankle pain with history of fracture, history of vocal cord injury with hoarseness from prolonged intubation and chronic pain syndrome with chronic opioid tolerance. Treatment to date has included Magnetic resonance imaging of cervical spine, urine toxicology tests. Currently, the injured worker complains of chronic pain recurrent intractable pain condition affecting his neck, shoulder and chest condition with history of traumatic aortic dissection. On December 19, 2014 Utilization Review non-certified a HFA quantity 9, Symbicort quantity 11, Spiriva quantity 30, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 12, 2014, the injured worker submitted an application for IMR for review of HFA quantity 9, Symbicort quantity 11, Spiriva quantity 30, Oxycontin 40mg quantity 60 and oxycodone 15mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

HFA #9: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health, Asthma Recommendations

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The National Institute of Health report on asthma management states: A stepwise approach to pharmacologic therapy is recommended to gain and maintain control of asthma in both the impairment and risk domains (Evidence A): The type, amount, and frequency of medication is determined by asthma severity for initiating therapy and by the level of asthma control for adjusting therapy (Evidence A). Step-down therapy is essential to identify the minimum medication necessary to maintain control (Evidence D). The Requested medication is used in the treatment of pulmonary diseases such as asthma and COPD. The patient does not have a documentation of such pulmonary disease states or confirmation such as pulmonary function tests or spirometry. Therefore the need for these medications has not been established and the request is not certified.

Symbicort #11: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH asthma recommendations

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The National Institute of Health report on asthma management states: A stepwise approach to pharmacologic therapy is recommended to gain and maintain control of asthma in both the impairment and risk domains (Evidence A): The type, amount, and frequency of medication is determined by asthma severity for initiating therapy and by the level of asthma control for adjusting therapy (Evidence A). Step-down therapy is essential to identify the minimum medication necessary to maintain control (Evidence D). The Requested medication is used in the treatment of pulmonary diseases such as asthma and COPD. The patient does not have a documentation of such pulmonary disease states or confirmation such as pulmonary function tests or spirometry. Therefore the need for these medications has not been established and the request is not certified.

Spiriva #30: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH asthma recommendations

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The National Institute of Health report on asthma management states: A stepwise approach to pharmacologic therapy is recommended to gain and maintain control of asthma in both the impairment and risk domains (Evidence A): The type, amount, and frequency of medication is determined by asthma severity for initiating therapy and by the level of asthma control for adjusting therapy (Evidence A). Step-down therapy is essential to identify the minimum medication necessary to maintain control (Evidence D). The Requested medication is used in the treatment of pulmonary diseases such as asthma and COPD. The patient does not have a documentation of such pulmonary disease states or confirmation such as pulmonary function tests or spirometry. Therefore the need for these medications has not been established and the request is not certified.