

<b>Case Number:</b>	CM14-0074372		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 67-year-old female who sustained an industrial injury on 1/27/2014. She reported burning in her eyes, hoarseness, and throat discomfort after a co-worker heavily shocked a hot tub, resulting in exposure to chlorine-laden steam. The injured worker was diagnosed as having toxic effect of unspecified gas, fume, or vapor. Initial treatment included saline irrigation of the eye, artificial tears, albuterol, and Benadryl. Pre-treatment spirometry on 1/28/14 was normal. Initial work restrictions included no exposure to irritating fumes. Treatment to date has included conservative measures, including diagnostics and medications. Chest x-ray on 2/10/14 was normal. Spirometry on 10/2/14 was normal. In February 2014, the injured worker reported dry eye, cough, shortness of breath, and hoarseness. In March 2014, tessalon was noted to help with tickle in throat. An Ear, Nose and Throat (ENT) consultation on 3/10/14 noted loss of voice and cough; symptoms were noted to have improved since the exposure incident but there was ongoing throat discomfort, coughing, burning eye pain and tearing, headache, and hoarseness. The injured worker denied dysphagia, severe throat pain, or heartburn. Albuterol was noted to be minimally helpful and self-discontinued. Benzonatate was reported to help decrease throat discomfort. Voice was noted to be clear, moderately strong, with intermittent roughness. Examination of the neck showed muscle tension during phonation. Flexible laryngoscopy showed normal epiglottis, moderate to severe peri-arytenoid and post-cricoid edema and erythema, and edematous true vocal cords. The ENT consultant documented laryngeal inflammation likely due to the chlorine exposure exacerbated by continued cough and silent laryngopharyngeal reflux. Omeprazole and zantac were prescribed for laryngopharyngeal reflux.

Nortriptyline was prescribed for "symptomatic relief." Speech therapy referral was requested due to evidence of muscle tension dysphonia for optimization of voice use. On 4/30/14, Utilization Review (UR) non-certified the services and medications currently under Independent Medical Review, citing the MTUS, ODG, and National Guideline Clearinghouse.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Speech Therapy Evaluation/Treatment: 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) head chapter: Speech therapy (ST).

**Decision rationale:** The ODG states that speech therapy is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Criteria for speech therapy include a diagnosis of speech, hearing, or language disorder, clinically documented functional speech disorder resulting in an inability to perform at the previous functional level, an expectation by the prescribing physician that measureable improvement is anticipated in 4-6 months, that the level and complexity of the services can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist, and that treatment beyond 30 visits requires authorization. In this case, the ENT consultant noted a diagnosis of muscle tension dysphonia, with request for speech therapy for optimization of voice use. There was no documentation of a functional speech disorder resulting in an inability to perform at the previous functional level, and no documentation of expectation of measureable improvement in 4-6 months. The number of sessions requested was not specified. Due to lack of presence of all the required criteria for speech therapy, and lack of sufficiently specific prescription including number of sessions, the request for Speech Therapy Evaluation/Treatment is not medically necessary.

#### **1 Omeprazole 40MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Laryngopharyngeal reflux. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS addresses use of proton pump inhibitors (PPIs) in the setting of co-therapy with a non-steroidal anti-inflammatory medication (NSAID), which is not the case for this injured worker. This injured worker was noted to have silent laryngopharyngeal reflux, with symptoms including loss of voice, throat discomfort, cough, and hoarseness.

Laryngopharyngeal reflux is the retrograde movement of gastric contents into the laryngopharynx, leading to symptoms of dysphonia, hoarseness, globus pharyngeus, mild dysphagia, chronic cough, and nonproductive throat clearing. The diagnosis is based on a combination of patient history related to common laryngopharyngeal complaints (hoarseness, excessive laryngeal mucus, throat clearing, globus sensation, and cough) with laryngoscopic findings associated with laryngopharyngeal reflux (posterior laryngeal edema, true vocal cord edema, and pseudosulcus). Treatment includes dietary and behavior modifications, and drug therapy for acid suppression with proton pump inhibitors (PPIs), H2 blockers, and antacids. Initial treatment is a combination of diet changes and behavior modifications. Patients with symptoms of laryngopharyngeal reflux and gastroesophageal reflux disease (GERD) may be treated with proton pump inhibitors, but there is relatively weak evidence of efficacy in patients without concomitant GERD. For the subset of patients who require drug therapy, histamine type 2 blockers can be added to a PPI regimen at bedtime to help reduce overnight acid production. Guidelines from the American Gastroenterological Association recommend against PPIs or H2 blockers in the absence of concomitant GERD syndrome. In this case, the ENT consultant documented that there was no report of dysphagia or heartburn. There was no documentation of trial of dietary changes or behavior modifications. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of documentation of concomitant GERD, and due to unspecified quantity requested, the request for omeprazole is not medically necessary.

**Zantac 300mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation UpToDate: Laryngopharyngeal reflux. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS addresses use of proton pump inhibitors (PPIs) and histamine receptor blockers in the setting of co-therapy with a non-steroidal anti-inflammatory medication (NSAID), which is not the case for this injured worker. This injured worker was noted to have silent laryngopharyngeal reflux, with symptoms including loss of voice, throat discomfort, cough, and hoarseness. Laryngopharyngeal reflux is the retrograde movement of gastric contents into the laryngopharynx, leading to symptoms of dysphonia, hoarseness, globus pharyngeus, mild dysphagia, chronic cough, and nonproductive throat clearing. The diagnosis is based on a combination of patient history related to common laryngopharyngeal complaints (hoarseness, excessive laryngeal mucus, throat clearing, globus sensation, and cough) with laryngoscopic

findings associated with laryngopharyngeal reflux (posterior laryngeal edema, true vocal cord edema, and pseudosulcus). Treatment includes dietary and behavior modifications, and drug therapy for acid suppression with proton pump inhibitors (PPIs), H2 blockers, and antacids. Initial treatment is a combination of diet changes and behavior modifications. Patients with symptoms of laryngopharyngeal reflux and gastroesophageal reflux disease (GERD) may be treated with proton pump inhibitors, but there is relatively weak evidence of efficacy in patients without concomitant GERD. For the subset of patients who require drug therapy, histamine type 2 blockers can be added to a PPI regimen at bedtime to help reduce overnight acid production. Guidelines from the American Gastroenterological Association recommend against PPIs or H2 blockers in the absence of concomitant GERD syndrome. In this case, the ENT consultant documented that there was no report of dysphagia or heartburn. There was no documentation of trial of dietary changes or behavior modifications. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of documentation of concomitant GERD, and due to unspecified quantity requested, the request for zantac is not medically necessary.

#### **Nortriptyline 10mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** Pamelor (nortriptyline) is a tricyclic antidepressant. Adverse reactions may include urinary hesitance and urinary retention. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, the reason for prescription of nortriptyline was not specified; the treating physician noted it was prescribed for "symptomatic relief" but the associated condition was not specified. There was no documentation of depression, and no documentation of neuropathic pain. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of specific indication, and unstated quantity requested, the request for nortriptyline is not medically necessary.

**Tessalon 100mg:** 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: cough suppressants and Other Medical Treatment Guidelines Drug information: benzonatate. UpToDate, Post TW (Ed), UpToDate, Waltham, MA.

**Decision rationale:** Tessalon (benzonatate) is an antitussive used for symptomatic relief of nonproductive cough. It is a tetracaine congener with antitussive properties, which suppresses cough by topical anesthetic action on the respiratory stretch receptors. This injured worker was noted to have exposure to chlorine-laden steam with resultant cough and throat discomfort relieved with benzonatate. The ODG recommends peripheral cough suppressants for the short-term symptomatic relief of coughing due to chronic or acute bronchitis. The Utilization Review determination considered the use of benzonatate in the context of acute bronchitis, which was not present for this injured worker. The use of benzonatate would be indicated for treatment of ongoing cough as documented for this injured worker. However, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to unspecified quantity requested, the request for tessalon is not medically necessary.

**Albuterol Inhaler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines See Asthma.

**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: albuterol, asthma medications.

**Decision rationale:** The ODG recommends inhaled short acting beta-2 agonists (such as albuterol) as a first line choice for asthma. A stepwise approach for managing asthma is recommended. For intermittent asthma, an inhaled short acting beta-2 as needed is recommended. For mild persistent asthma, a low-dose inhaled corticosteroid is the first-line treatment and an inhaled long-acting beta-2 agonist or theophylline are the second line treatments. There was no documentation of asthma for this injured worker. Spirometry was normal on two occasions, which is inconsistent with a diagnosis of asthma. In addition, the documentation submitted states that albuterol was noted to be minimally helpful and was self-discontinued by the injured worker. Due to lack of indication, the request for albuterol is not medically necessary.