

Case Number:	CM15-0011269		
Date Assigned:	01/28/2015	Date of Injury:	12/15/2001
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: California

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 53 year old female, who sustained an industrial injury on 12/15/2001. She has reported total disability due to multiple cardiopulmonary problems. Computed Topography (CT) scan of the head and thoracic spine completed 12/27/14, did not report acute findings. The diagnoses have included aortic stenosis, ischemic heart disease, aortic aneurysm, restrictive ventilatory disorder, lower back pain secondary to discogenic disease and history of exercised-induced pulmonary hypertension. Past surgical history included Coronary Artery Bypass Graft (CABG) x 2 in 2012 and 1998, aortic valve replacement 2012, occlusion of grafted vessels with angioplasty and stent deployment 2012, and ascending aortic aneurysm, and right heart catheterization 4/30/14. Treatment to date has included medication therapy and pulmonary rehabilitation. At the time of a consultation dated 12/13/2013 for pulmonary hypertension, it was noted that a prior skin test had revealed allergies to dust. The injured worker is also noted to be allergic to cat dander. Currently, the injured worker complains of shortness of breath, exercise limitation, wheezing and cough. On 10/2/14, the physical examination documented bilateral lower lung rales, FEV1 score of 67% pre-bronchodilator increasing to 78% post bronchodilator, oxygen saturation 94% on room air, and a normal electrocardiogram (EKG). The plan of care included further investigational studies to determine the true nature of pulmonary hypertension, increased diuretic, continue previous medications, and request pulmonary rehabilitation. On 12/22/2014 Utilization Review non-certified Fluticasone Spray 50mcg #16, Nasonex Spray 50mcg/AC #17, noting the documentation did not include recommended indication for requested treatment. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone SPR 50mcg #16: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: 2010, Revision, Web Edition and Official Disability Guidelines, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695002.html>

Decision rationale: According to the National Institutes of Health, Fluticasone nasal spray is used to relieve sneezing, runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies (caused by an allergy to pollen, mold, dust, or pets). Fluticasone is in a class of medications called corticosteroids. It works by blocking the release of certain natural substances that cause allergy symptoms. In this case, the medical records note that the injured worker is allergic to dust and cat dander. The request for Fluticasone SPR 50mcg #16 is therefore medically necessary.

Nasonex SPR 50mcg/ac #17: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2010 Revision, Web Edition and Officials Disability Guidelines (ODG), Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a602024.html>

Decision rationale: According to the National Institutes of Health, Mometasone nasal inhalation is used for the treatment and prevention of nasal symptoms of seasonal and year-round allergies, including runny nose, sneezing, and itchy nose. Mometasone nasal inhalation is in a class of medications called topical steroids. It works by reducing inflammation (swelling) in the nasal passages. The injured worker is noted to have specific allergies to dust and cat dander for which Fluticasone is being prescribed for. There are no indication of other allergies that would support the request for additional medication to address nasal symptoms of seasonal and year-long allergies. The request for Nasonex SPR 50mcg/ac #17 is not medically necessary.