

Case Number:	CM15-0111268		
Date Assigned:	06/17/2015	Date of Injury:	10/21/2013
Decision Date:	07/21/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on October 21, 2013. He reported excessive exposure to dust. The injured worker was diagnosed as having asthma, pneumonia, and Helicobacter pylori (H. pylori). Treatment to date has included inhalers, a benign lung exam, expectorants, antihistamines and proton pump inhibitors. Currently, the injured worker complains of continued nasal congestion, bronchospasm and gastric reflux. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively with improvement in condition while on medications. He reported increased gastric reflux and increased breathing problems when he runs out of medications. Evaluation on February 16, 2015, revealed continued breathing difficulties and increased reflux. He reported recently running out of medications to treat the symptoms and noted he had been eating an increased amount of spicy foods. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mucinex 600mg #60, 2 tables two times daily, 2 refills: 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 Reactive airways dysfunction syndrome (RADS): Guidelines for diagnosis and treatment and insight into likely prognosis. *Annals Allergy Asthma Immunology*. 1999 Dec; 83 (6 Pt 2): 583-6.

Decision rationale: The Official Disability Guidelines and MTUS are silent on this issue. Alternative literature was referenced. The patient has been diagnosed with reactive airway disease, which is the accepted body part. It is believed that he has been prescribed guaifenesin as a therapeutic intervention in the pathophysiology of airway mucus hypersecretion. The use of Mucinex in the treatment of reactive airway disease is not supported by the ODG or MTUS. A search of the literature and the use of alternative guidelines as listed above, provides no support on behalf of Mucinex for this patient's diagnoses. Mucinex 600mg #60, 2 tables two times daily, 2 refills is not medically necessary.