

Case Number:	CM15-0112279		
Date Assigned:	06/18/2015	Date of Injury:	06/19/2013
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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 (IW) is a 30 year old female who sustained an industrial injury on 06/19/2013. She reported a cough with increased throat complaints. The injured worker was diagnosed as having sinus irritation, gastroesophageal reflux, dysphagia, pharyngoesophageal reflux, and suspected reactive airway condition. Treatment to date has included a pulmonary consultation for reactive airway disease, and chiropractic care for headaches. Currently (5/01/2015), the injured worker complained of difficulty speaking, a sensation of something stuck in the throat, difficulty breathing, and a headache. In her examination, there was sinus tenderness, normal facial function was present bilaterally, normal ear exam, and assessment of hearing did not find a deficit. The nares, mucosa, septum and turbinate's were within normal limits. The neck was symmetrical with appropriate tracheal position and no masses, tenderness or thyroid enlargement. In general no deformities were noted. The treatment plan included a flexible fiber optic exam, and a pulmonary consult. The worker is currently taking medications for Gastroesophageal reflux disease. In the pulmonary consultation of 05/11/2015, the worker had been seen by an ear, nose, and throat specialist who performed endoscopic examination of her upper airways and recommended she undergo an esophagram. The assessment was dysphagia and pharyngoesophageal reflux. The worker is currently on Omeprazole, Zantac, Tessalon Perles, Singulair, Flexeril, Mucinex, Voltaren gel, Flovent, and Advil. Her complaints at that time were of cough, wheeziness, and hypersecretion of mucus. On examination (05/11/2015), her chest had sounds of expiratory wheezing; her respiratory rate was 14 per minute and unlabored. Pulse Oximetry on room air reflected an arterial oxygen saturation of

99% at rest on room air. Her spirometric lung function showed diminished small airway function and normal large airway function. The plan of care was for a bronchial inhalation challenge test, a trial of prednisone with reflux precautions (to be taken with food), an esophagram, and to continue current medications. A request was made for Prednisone 10 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg #40: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) National Heart, Lung, and Blood Institute and the National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Full Report 20072) Cox L, et al. American Academy of Allergy, Asthma & Immunology Task Force Report: Allergen immunotherapy: A practice parameter third update.

Decision rationale: Prednisone is a synthetic corticosteroid drug indicated to treat certain inflammatory diseases (such as moderate allergic reactions) and (at higher doses) some types of cancer. The MTUS does not comment on its use. According to the National Heart, Lung, and Blood Institute and the National Asthma Education and Prevention Program guidelines for treating asthma, oral systemic corticosteroids are used for moderate and severe exacerbations as an adjunct to short-acting bronchodilators to speed recovery and prevent recurrence of exacerbations. The American Academy of Allergy, Asthma & Immunology guidelines recommend use of corticosteroids as secondary medications to treat allergic symptoms. This patient is already on first line therapy for treating either allergic symptoms or asthma. The provider has prescribed prednisone as a second line therapy. This is in compliance with appropriate guidelines. Medical necessity for this treatment has been established.