MAXIMUS Federal Services

Case Number:	CM15-0115530		
Date Assigned:	06/23/2015	Date of Injury:	07/23/2011
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency 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 was a 63 year old female, who sustained an industrial injury; the injured worker developed breathing problems after a fire in the building next to where the injured worker was employed. The smoke was coming in the vent over the injured workers desk. The injured worker was absent from work the following day for feeling ill. The injured worker previously received the following treatments psychiatric services, chest CT scan the results were calcified mediastinal pleural bleb with no significant pulmonary disease, the bronchochallenge report noted a reduction in FEV1 of greater than 20%,Ativan, Ambien and Prozac. The injured worker was depressive disorder not otherwise specified, diagnosed with panic disorder without agoraphobia, alopecia wears a wig and psychological factors affecting a general medical condition (respiratory difficulties), chronic cough, status post smoke inhalation, asthma, RAD, hypertension and obstruction of airway disease. According to progress note of May 5, 2015, the injured worker's chief complaint was shortness of breath, wheezing and green sputum. The injured worker was started on oral prednisone, Z-pack and a cough suppressant. The injure worker continued with shortness of breath, dry cough and occasional wheezing. The physical exam noted wheezing, no jugular distension or labored breathing. The treatment plan included a prescription for Claritin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Claritin 10mg quantity of 30 tablets two refills for airway disease: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/claritin-drug.htm.

Decision rationale: The requested Claritin 10mg quantity of 30 tablets two refills for airway disease is not medically necessary. CA MTUS and ODG are silent. http://www.rxlist.com/claritin-drug.htm noted that this medication is used for allergies and upper respiratory congestion. The injured worker has shortness of breath, wheezing and green sputum. The injured worker was started on oral prednisone, Z-pack and a cough suppressant. The injure worker continued with shortness of breath, dry cough and occasional wheezing. The physical exam noted wheezing, no jugular distension or labored breathing. The treating physician has not documented the medical necessity for a anti-histaminic drying agent, in addition to the other medications being prescribed. The criteria noted above not having been met, Claritin 10mg quantity of 30 tablets two refills for airway disease is not medically necessary.