

Case Number:	CM15-0115544		
Date Assigned:	06/23/2015	Date of Injury:	07/23/2011
Decision Date:	08/17/2015	UR Denial Date:	06/03/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62 year old female, who sustained an industrial injury on 7/23/11. She has reported initial complaints of injury to her lungs after a fire with smoke at work. The diagnoses have included status post smoke inhalation, asthma, hypertension, depression and anxiety. Treatment to date has included medications, inhalers, activity modifications, diagnostics, psychiatric, consultations. Currently, as per the physician progress note dated 5/5/15, the injured worker reports that on 4/9/15 she was on the highway and a truck was on fire on the side of the road and that while in her car she inhaled fuel from the fuel line. She states that she had shortness of breath, wheezing, and green phlegm. She was treated with oral antibiotics, Prednisone and a cough suppressant. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the chest dated 6/14/12 reveals small sub-pleural blebs noted, particularly at the right lung. There is a Broncho challenge report dated 7/18/13 that reveals positive Broncho challenge with reduction in FEV1 of greater than 20 percent. It is also noted that at the time of the injured worker's visit she still experienced occasional shortness of breath, dry cough and wheezing. The physical exam revealed mild wheezing in the lungs. It is noted by the physician that the injured worker uses Q-var inhaler twice daily. The physician requested treatment included QVAR 40MCG quantity of 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

QVAR 40mg QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Beclomethasone (oral inhalation): Drug information. Topic 8876, version 106.0. UpToDate, accessed 08/12/2015.

Decision rationale: QVAR (inhaled beclomethasone dipropionate) is a medication in the inhaled corticosteroid class. The MTUS Guidelines are silent on this issue. QVAR is FDA-approved for the maintenance and preventative treatment of persistent asthma. There is also literature to support its use in treating controlled chronic obstructive pulmonary disease. The submitted and reviewed documentation indicated the worker was experiencing occasional problems breathing and a dry cough. There was no report that the worker suffered from either persistent asthma or controlled obstructive pulmonary disease. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for one QVAR (inhaled beclomethasone dipropionate) 40mg inhaler is not medically necessary.