

<b>Case Number:</b>	CM15-0175274		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/12/1997
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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(n) 63 year old male, who sustained an industrial injury on 11-12-97. The injured worker was diagnosed as having cough variant asthma and allergic rhinitis. Treatment to date has included Serevent, Proair HFA and Flovent HFA. As of the PR2 dated 10-23-14, the injured worker reports some slight shortness of breath which improves with his inhalers. Objective findings include 94% SAT, 18 respirations and 63 pulse. The chest exam was clear to auscultation and percussion bilaterally. The treating physician requested Serevent disc aer 50mcg #60, Proair HFA #8.5 and Flovent HFA 110mcg #12. The Utilization Review dated 8-20-15, non-certified the request for Serevent disc aer 50mcg #60, Proair HFA #8.5 and Flovent HFA 110mcg #12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Serevent Dis Aer 50mcg #60:** 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), Industrially Induced Asthma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA:<http://www.drugs.com/pro/serevent-hfa.html>.

**Decision rationale:** CA MTUS and ODG does not issue a statement on inhalers. FDA indications include the treatment or prevention of bronchospasm and exercise-induced bronchospasm. In review of the medical records, the patient was diagnosed with having cough, variant asthma and allergic rhinitis. However, there is lack of documentation of a pulmonary function test or arterial blood gas verifying the diagnosis of asthma or bronchospasm; therefore, the requested therapy is not medically necessary.

**Proair HFA Aer #8.5:** 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), Industrially Induced Asthma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA:<http://www.drugs.com/pro/proair-hfa.html>.

**Decision rationale:** CA MTUS and ODG does not issue a statement on inhalers. FDA indications include the treatment or prevention of bronchospasm and exercise-induced bronchospasm. In review of the medical records, the patient was diagnosed with having cough, variant asthma and allergic rhinitis. However, there is lack of documentation of a pulmonary function test or arterial blood gas verifying the diagnosis of asthma or bronchospasm; therefore, the requested therapy is not medically necessary.

**Flovent HFA Aer 110mcg #12:** 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), Industrially Induced Asthma.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA:<http://www.drugs.com/pro/Flovent-hfa.html>.

**Decision rationale:** CA MTUS and ODG does not issue a statement on inhalers. FDA indications include the treatment or prevention of bronchospasm and exercise-induced bronchospasm. In review of the medical records, the patient was diagnosed with having cough, variant asthma and allergic rhinitis. However, there is lack of documentation of a pulmonary function test or arterial blood gas verifying the diagnosis of asthma or bronchospasm; therefore, the requested therapy is not medically necessary.