MAXIMUS Federal Services

Case Number:	CM15-0071320		
Date Assigned:	04/21/2015	Date of Injury:	02/25/1980
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old female sustained an industrial injury on 2/25/80. Diagnoses include bronchitis. Treatments to date have included multiple prior orthopedic surgeries and prescription medications. The injured worker had recent complaints of mild wheezing and a cough. A request for Xopenex, a nebulizer and Promethazine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xopenex 0.63mg/3ml, 10-day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, 2012 September, page 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.epocrates.com.

Decision rationale: According to guidelines it states xopenex is used for the treatment of asthma or other respiratory issues. According to the patient's medical records, it does not state why xopenex is needed. Based on this it is not medically necessary.

Nebulizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, 2012 September, page 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.epocrates.com.

Decision rationale: According to guidelines, it states a nebulizer is used for administration of aerolized medicine for the treatment of asthma or other respiratory issues. According to the patient's medical records, it does not state why a nebulizer is needed. Based on this it is not medically necessary.

Promethazine VC/Codeine 6.25-5-10ml, 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, 2012 September, page 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not, state the patient has functional improvement with opioid usage and thus is not medically necessary.