MAXIMUS Federal Services

Case Number:	CM15-0074976		
Date Assigned:	04/24/2015	Date of Injury:	07/19/2004
Decision Date:	07/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 56 year old female, who sustained an industrial injury on 7/19/04. She reported sinusitis. The injured worker was diagnosed as having bronchospasms, lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included oral and inhaled medications including symbicort, Spiriva, albuterol sulfate and Proair HFA. Currently, the injured worker complains of cough and back pain. The injured worker notes moderate or better relief form medications. Physical exam noted unlabored breathing and normal spine. The treatment plan included continuation of medications and use of oral steroids for flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Symbicort 160-4.5 mcg 2 puffs 2 times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=fafa4cf1-99c2-43d5-73ad-51f256de3be0.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Symbicort. FDA Prescribing Information documents that Symbicort indicated for the treatment of asthma and chronic obstructive pulmonary disease (COPD). The date of injury was 07-19-2004. The occupational & environmental medicine physician's report dated 11/18/14 documented that none of the claimant's sinopulmonary problems are legitimately linked to her office environment. Spirometry was within normal limits on 5/12/14, 7/2/14, 9/18/14, and 10/30/14. The primary treating physician's progress report dated 3/23/15 documented unlabored breathing on physical examination with clear lungs to auscultation. The 3/23/15 progress report documented normal spirometry. There is no objective evidence of a diagnosis of asthma or chronic obstructive pulmonary disease (COPD). Therefore, the use of Symbicort is not supported by FDA guidelines. Therefore, the request for Symbicort is not medically necessary.

Flonase, 1 puff per nostril 2 times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation setid=d4a424f4-5661-41da-31ae-304d79fd16ad.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Flonase. FDA Prescribing Information documents that Flonase is a corticosteroid indicated for the management of the nasal symptoms of perennial nonallergic rhinitis. The date of injury was 07-19-2004. The occupational & environmental medicine physician's report dated 11/18/14 documented that none of the claimant's sinopulmonary problems are legitimately linked to her office environment. Spirometry was within normal limits on 5/12/14, 7/2/14, 9/18/14, and 10/30/14. The primary treating physician's progress report dated 3/23/15 documented unlabored breathing on physical examination with clear lungs to auscultation. Examination of the nose demonstrated normal septum, normal turbinates with normal mucosa, no nasal polyps, no discharge. The 3/23/15 progress report documented normal spirometry. No evidence of active perennial nonallergic rhinitis was documented in the 3/23/15 progress report. Therefore, the use of Flonase is not supported by FDA guidelines. Therefore, the request for Flonase is not medically necessary.

Spirva 18 mcg, inhale contents of one capsule daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Spiriva http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=820839ef-e53d-47e8-a3b9- d911ff92e6a9.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Spiriva. FDA Prescribing Information documents that Spiriva is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD). The date of injury was 07-19-2004. The occupational & environmental medicine physician's report dated 11/18/14 documented that none of the claimant's sinopulmonary problems are legitimately linked to her office environment. Spirometry was within normal limits on 5/12/14, 7/2/14, 9/18/14, and 10/30/14. The primary treating physician's progress report dated 3/23/15 documented unlabored breathing on physical examination with clear lungs to auscultation. The 3/23/15 progress report documented normal spirometry. There is no objective evidence of a diagnosis of chronic obstructive pulmonary disease (COPD). Therefore, the use of Spiriva is not supported by FDA guidelines. Therefore, the request for Spiriva is not medically necessary.

Albuterol 90 mcg, 2 puffs every 4 hours as needed wheezing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Albuterol http://dailymed.nlm. nih.gov/dailymed/drugInfo.cfm?setid=808e2b04-9e84-440a-b00e- 2cbe858041da.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Albuterol. FDA Prescribing Information documents that Albuterol is indicated for the prevention and relief of bronchospasm in patients with reversible obstructive airway disease, and for the prevention of exercise induced bronchospasm. The date of injury was 07-19-2004. The occupational & environmental medicine physician's report dated 11/18/14 documented that none of the claimant's sinopulmonary problems are legitimately linked to her office environment. Spirometry was within normal limits on 5/12/14, 7/2/14, 9/18/14, and 10/30/14. The primary treating physician's progress report dated 3/23/15 documented unlabored breathing on physical examination with clear lungs to auscultation. The 3/23/15 progress report documented normal spirometry. There is no objective evidence of a diagnosis of asthma or chronic obstructive pulmonary disease (COPD). Therefore, the use of Albuterol is not supported by FDA guidelines. Therefore, the request for Albuterol is not medically necessary.