

Case Number:	CM15-0077333		
Date Assigned:	04/24/2015	Date of Injury:	03/21/1991
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Massachusetts

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 (IW) is a 57-year-old male who sustained an industrial injury on 03/21/1991. Diagnoses include thoracic or lumbosacral neuritis-unspecified, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy and intervertebral lumbar disc disorder with myelopathy-lumbar region. Treatment to date has included medications and home exercise program. According to the progress notes dated 3/3/15, the IW reported back pain rated 6/10 and occasional shooting pain up his neck, causing headaches. A request was made for QVAR inhalation aerosol 40 mcg 120 doses for focal allergic /irritation reaction of skin at Fentanyl patch site.

IMR ISSUES, DECISIONS AND RATIONALES

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

QVAR Inhalation Aerosol, 40 mcg/act, 1 bottle 120 dose, 0 refills (1 puff, transdermal, apply once every 72 hrs before fentanyl patch onto patch site): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of QVAR given that Fentanyl Patch has been denied. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.