

Case Number:	CM15-0079082		
Date Assigned:	04/30/2015	Date of Injury:	07/08/2010
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York
 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 48-year-old male who sustained an industrial injury on 7/8/10. The injured worker reported symptoms of depression and shortness of breath. The injured worker was diagnosed as having shortness of breath, idiopathic pulmonary fibrosis, depression and anxiety. Treatments to date have included bronchoscopy, oral steroids and oral antidepressants. Currently, the injured worker complains of symptoms of depression and shortness of breath as well as increased memory loss. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acyclovir 200mg (unspecified qty): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug monograph, Acyclovir.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/>.

Decision rationale: Lung transplant recipients are at risk of developing complications such as Opportunistic infections (bacterial, fungal and viral infections), which is a major side effect of immunosuppression for organ transplantation. Cytomegalovirus (CMV) remains an important cause of morbidity and mortality in lung transplant recipients and is the second most common infection among lung transplant recipients, after bacterial pneumonia. Given the high risk of CMV disease in lung transplant recipients, antiviral prophylaxis is recommended in all lung transplant recipients who are CMV-seropositive or who received an organ from a CMV-seropositive donor. Documentation shows that the injured worker has had bilateral Lung Transplant and is on chronic medications that would lower the immune system, posing the risk for potential viral infections. The recommendation to continue antiviral prophylaxis with Acyclovir is reasonable and appropriate. The request for Acyclovir 200mg (unspecified qty) is medically necessary.

Intraconazole solution 100mg (unspecified qty): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.nlm.nih.gov/medlineplus/druginfo/meds/a692049.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation
http://www.uptodate.com/contents/http://cid.oxfordjournals.org/content/39/Supplement_4/S207.full.

Decision rationale: Lung transplant recipients are at risk of developing complications such as Opportunistic infections (bacterial, fungal and viral infections), which is a major side effect of immunosuppression for organ transplantation. Because of the high morbidity and mortality associated with post-transplantation fungal infections, many transplantation centers have instituted prophylactic antifungal strategies for lung transplant recipients. When used, prophylaxis is focused on reducing the risk of pulmonary mold infections, such as invasive aspergillosis. The choice of antifungal regimen depends on the pathogen as well as patient-specific factors. Documentation shows that the injured worker has had bilateral Lung Transplant and is on chronic medications that would lower the immune system, posing the risk for contracting potential fungal infection. The recommendation to continue antifungal prophylaxis with Itraconazole is reasonable and appropriate. The request for Itraconazole solution 100mg (unspecified qty) is medically necessary.

NPH insulin 2 units: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation ODG, Diabetes, Insulin.

Decision rationale: ODG recommends Insulin for treatment of type 1 diabetes or for type 2 diabetes if glycemic goals are not reached by oral anti-diabetics. Insulin is required in all patients with type 1 diabetes, and it should be considered for patients with type 2 diabetes when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient has symptomatic hyperglycemia. The amount of insulin must be balanced with food intake and daily activities. Documentation indicates the injured worker has poorly controlled Diabetes and is status post bilateral lung transplantation, on chronic steroid therapy, which could raise the blood glucose levels. The medical necessity to optimize medication management of this injured worker's Diabetes has been established. The request for NPH insulin 2 units is medically necessary per guidelines.

Omeprazole 20mg (unspecified qty): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). Documentation shows that the injured worker is status post bilateral lung transplantation, on chronic steroid therapy, and complains of ongoing reflux. The recommendation for continued use of Omeprazole to treat this condition is clinically appropriate. The request for Omeprazole 20mg (unspecified qty) is medically necessary per guidelines.

Alendronate 70mg (unspecified qty): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Foxamax/Alendronate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/>.

Decision rationale: Alendronate is in a class of drugs called bisphosphonates used to treat or prevent Osteoporosis (a condition in which the bones become weak and brittle). Glucocorticoid therapy is associated with a risk of bone loss increasing the risk for fractures. Documentation shows that the injured worker is on chronic steroid therapy post lung transplantation, increasing the risk for developing Osteoporosis. Per guidelines, treatment should remain individualized through shared decision-making between patient and clinician. The recommendation for continued use of Alendronate to prevent glucocorticoid-induced bone loss is clinically appropriate. The request for Alendronate 70mg (unspecified qty) is medically necessary.

Pravastatin 20mg (unspecified qty): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: ODG: Statins are used in the treatment of Hyperlipidemia in combination with lifestyle changes including diet and exercise. ODG does not recommend Statins as a first-line treatment for diabetics, because recent FDA-approved labeling change states that taking a statin can raise blood sugar and Hemoglobin A1C levels. Documentation shows that the injured worker has Hyperlipidemia and poorly controlled Diabetes. Treatment options for the Hyperlipidemia may be limited due to other comorbid conditions, including post lung transplantation on chronic steroid therapy. The recommendation to continue therapy with Pravastatin is clinically appropriate. The request for Pravastatin 20mg (unspecified qty) is medically necessary.