

Case Number:	CM15-0096942		
Date Assigned:	05/27/2015	Date of Injury:	01/23/2002
Decision Date:	09/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: Physical Medicine & Rehabilitation

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 73-year-old female, who sustained an industrial injury on 1-23-02. The diagnoses have included silicosis lung disease, dyspnea, dependent edema, neck pain and pernicious anemia. Treatment to date has included medications, diagnostics, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 4-7-15, the injured worker returns for re-check of her chronic lung disease. It is noted that she has tried using Anaro with no adverse reaction and she thinks that it seems to help some. It is also noted that she has lost about 8 pounds with Lasix and she is supposed to be getting a call regarding a pulmonary consult from Stanford. The current medications were noted. There are no previous diagnostic reports noted. The objective findings-physical exam reveals a rounded ruddy face. There is poor breath sounds with wheezes noted and there is 1+ pitting edema to the midshins bilaterally. The physician requested treatments included Albuterol 0.83% inhalation solution 2.5mg-3ml quantity 186 with eleven refills, Singular 10mg quantity 30 with eleven refills, Anoro Ellipta 62.5-25mcg inhalation solution with eleven refills, and Ipratropium-albuterol 0.5mg-3ml; quantity 120 with eleven refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Albuterol 0.83% inhalation solution 2.5mg/3ml quantity 186 with eleven refills: Overturned

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 Official Disability Guidelines (ODG) Pulmonary chapter (Acute & Chronic) under Albuterol (Ventolin®).

Decision rationale: The patient presents on 04/07/15 with shortness of breath. The patient's date of injury is 01/23/02. Patient has no documented surgical history directed at this complaint. The request is for ALBUTEROL 0.83% INHALATION SOLUTION 2.5MG/3ML QUANTITY 186 WITH ELEVEN REFILLS. The RFA is dated 04/02/15. Physical examination dated 04/07/15 does not reveal any abnormal objective findings, only a review of cast history, medications, and notation stating: "no change in her baseline chronic dyspnea, but no flares either." The patient is currently prescribed Maxzide, Lomotil, Budesonide, Daliresp, Lidoderm, Lorazepam, Promethazine, Qvar, Singulair, Skelaxin, Xopenex, Xyzal, Cyanocobalamin, Triazolam, Belviq, Lasix, Norco, and Dexamethasone. Diagnostic imaging was not included. Patient's current work status is not provided. ODG guidelines, Pulmonary chapter (Acute & Chronic)' and topic 'Albuterol (Ventolin)', states the following: "Recommend inhaled short-acting beta2-agonists as a first-line choice for asthma." About the continuation of Albuterol inhalation solution, the request is appropriate. This patient presents with diagnoses of chronic dyspnea and Silicosis lung disease, is currently prescribed several medications with the intent of improving pulmonary function. Utilization review originally approved this request, modifying the 11 refills to 5 refills without offering a rationale for doing so. It is unlikely that this patient's pulmonary condition will resolve itself in the near future; therefore, the continuation of the requested pulmonary medications is an appropriate and a necessary measure. The request IS medically necessary.

Singular 10mg quantity 30 with eleven refills: Overturned

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 Official Disability Guidelines (ODG) Pulmonary Chapter under Montelukast (Singulair®) Asthma.

Decision rationale: The patient presents on 04/07/15 with shortness of breath. The patient's date of injury is 01/23/02. Patient has no documented surgical history directed at this complaint. The request is for SINGULAIR 10MG QUANTITY 30 WITH ELEVEN REFILLS. The RFA is dated 04/02/15. Physical examination dated 04/07/15 does not reveal any abnormal objective findings, only a review of cast history, medications, and notation stating: "no change in her baseline chronic dyspnea, but no flares either." The patient is currently prescribed Maxzide, Lomotil, Budesonide, Daliresp, Lidoderm, Lorazepam, Promethazine, Qvar, Singulair, Skelaxin, Xopenex, Xyzal, Cyanocobalamin, Triazolam, Belviq, Lasix, Norco, and Dexamethasone. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Pulmonary chapter has the following regarding Montelukast (Singulair) has the following: "Under study as a first-line choice for asthma; recommend leukotriene receptor antagonists as second line." ODG Pulmonary chapter under Asthma medications also recommends leukotriene receptor antagonists such as Singulair as a second-line medication for persistent mild-to-moderate asthma. About the continuation of Singulair, the request is appropriate. This patient presents with diagnoses of chronic dyspnea and Silicosis lung disease, is currently prescribed

several medications with the intent of improving pulmonary function. Utilization review originally approved this request, modifying the 11 refills to 5 refills without offering a rationale for doing so. It is unlikely that this patient's pulmonary condition will resolve itself in the near future; therefore, the continuation of the requested pulmonary medications is an appropriate and a necessary measure. The request IS medically necessary.

Anoro Ellipta 62.5/25mcg inhalation solution with eleven refills: Overturned

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 Official Disability Guidelines (ODG) Pulmonary chapter under Asthma medications.

Decision rationale: The patient presents on 04/07/15 with shortness of breath. The patient's date of injury is 01/23/02. Patient has no documented surgical history directed at this complaint. The request is for ANORO ELLIPTA 62.5 MCG INHALATION SOLUTION WITH ELEVEN REFILLS. The RFA is dated 04/02/15. Physical examination dated 04/07/15 does not reveal any abnormal objective findings, only a review of cast history, medications, and notation stating: "no change in her baseline chronic dyspnea, but no flares either." The patient is currently prescribed Maxzide, Lomotil, Budesonide, Daliresp, Lidoderm, Lorazepam, Promethazine, Qvar, Singulair, Skelaxin, Xopenex, Xyzal, Cyanocobalamin, Triazolam, Belviq, Lasix, Norco, and Dexamethasone. Diagnostic imaging was not included. Patient's current work status is not provided. Anoro Ellipta is an inhalation powder containing a combination of Umeclidinium, an anti-cholinergic medication and Vilanterol, a long acting beta-2 agonist. ODG Pulmonary chapter under Asthma medications has the following regarding long-acting beta-2 agonists such as Vilanterol: "Persistent Asthma: Severe: First-line: High-dose inhaled corticosteroids + long-active beta-2 agonists" About the continuation of Anoro Ellipta, the request is appropriate. This patient presents with diagnoses of chronic dyspnea and Silicosis lung disease, is currently prescribed several medications with the intent of improving pulmonary function. Utilization review originally approved this request, modifying the 11 refills to 5 refills without offering a rationale for doing so. It is unlikely that this patient's pulmonary condition will resolve itself in the near future; therefore, the continuation of the requested pulmonary medications is an appropriate and a necessary measure. The request IS medically necessary.

Ipratropium/albuterol 0.5mg/3m; quantity 120 with eleven refills: Overturned

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 Official Disability Guidelines (ODG) Pulmonary chapter (Acute & Chronic) under Albuterol (Ventolin®).

Decision rationale: The patient presents on 04/07/15 with shortness of breath. The patient's date of injury is 01/23/02. Patient has no documented surgical history directed at this complaint. The request is for IPRATROPIUM/ALBUTEROL 0.5MG/3ML QUANTITY 120 WITH ELEVEN REFILLS. The RFA is dated 04/02/15. Physical examination dated 04/07/15 does not reveal any abnormal objective findings, only a review of cast history, medications, and notation stating: "no change in her baseline chronic dyspnea, but no flares either." The patient is currently prescribed

Maxzide, Lomotil, Budesonide, Daliresp, Lidoderm, Lorazepam, Promethazine, Qvar, Singulair, Skelaxin, Xopenex, Xyzal, Cyanocobalamin, Triazolam, Belviq, Lasix, Norco, and Dexamethasone. Diagnostic imaging was not included. Patient's current work status is not provided. ODG guidelines, Pulmonary chapter (Acute & Chronic)' and topic 'Albuterol (Ventolin)', states the following: "Recommend inhaled short-acting beta2-agonists as a first-line choice for asthma." About the continuation of the Ipratropium and Albuterol inhalation solution, the request is appropriate. This patient presents with diagnoses of chronic dyspnea and Silicosis lung disease, is currently prescribed several medications with the intent of improving pulmonary function. Utilization review originally approved this request, modifying the 11 refills to 5 refills without offering a rationale for doing so. It is unlikely that this patient's pulmonary condition will resolve itself in the near future; therefore, the continuation of the requested pulmonary medications is an appropriate and a necessary measure. The request IS medically necessary.