
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	12/1/2006
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0006006

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ventolin HFA inhaler** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Symbicort inhaler** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ventolin HFA inhaler is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Symbicort inhaler is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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.

Expert Reviewer Case Summary:

The claimant is a 66 year old male with a history of bilateral knee pain, right carpal tunnel surgery, hearing loss, tinnitus, cervical radiculopathy and chronic low back pain. The claimant also has a history of chronic cough and relates prior asbestos exposure. Pulmonary consult completed 3/31/10 documents spirometry results consistent with moderate restrictive defect thought secondary patient's obesity. Chest xray within normal limits. The cough is thought to be related to the patient's GERD vs ACEi medication for hypertension.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ventolin HFA inhaler :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the following website: www.drugs.com, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the following website: www.UptoDate.com.

Rationale for the Decision:

UptoDate.com indicates that Ventolin HFA is for the treatment of reversible bronchospasm/obstructive airway disease. According to the medical records provided for review, the only documentation of pulmonary abnormalities for this employee were spirometry findings which indicate potential restrictive airway disease due to obesity. **The request for Ventolin HFA inhaler is not medically necessary and appropriate.**

2) Regarding the request for Symbicort inhaler :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the following website: www.drugs.com, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on UptoDate.com.

Rationale for the Decision:

UptoDate.com indicates that Symbicort Inhaler is for the treatment of reversible bronchospasm/obstructive airway disease. According to the medical records provided for review, the only documentation of pulmonary abnormalities for this claimant were spirometry findings which indicate potential restrictive airway disease due to obesity. **The request for Symbicort inhaler is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester MD MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.