

Case Number:	CM14-0143781		
Date Assigned:	09/12/2014	Date of Injury:	10/28/2013
Decision Date:	10/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Emergency 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. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old female, who sustained an injury on October 28, 2013. The mechanism of injury occurred from chemical inhalation. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are: chemical bronchitis, acute bronchitis, asthma. The stated purpose of the request for Xopenex HFA inhaler 45 mcg/actuation; SIG 2 puffs (90mcg) Q6H #1 refills: 3, was not noted. The request for Xopenex HFA inhaler 45 mcg/actuation; SIG 2 puffs (90mcg) Q6H #1 refills: 3 was denied on August 5, 2014, citing a lack of documentation of history or exam findings indicative of acute asthma or asthma exacerbation. The stated purpose of the request for Symbicort HFA inhaler was not noted. The request for Symbicort HFA inhaler was denied on August 5, 2014, citing a lack of documentation of history or exam findings indicative of acute asthma or asthma exacerbation. The stated purpose of the request for Promethazine-Codeine oral was not noted. The request for Promethazine-Codeine oral syrup was denied on August 5, 2014, citing a lack of documentation of indications of an active cough or symptoms of upper respiratory illness. The stated purpose of the request for Allegra-D was not noted. The request for Allegra-D 60-120 mg was denied on August 5, 2014, citing a lack of documentation of findings indicative of nasal swelling or congestion. Per the report dated July 21, 2014, the treating physician noted complaints of shortness of breath, cough productive of phlegm and blood, and wheezing. Exam findings included pale, edematous nasal mucosa, 99 percent oxygen saturation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xopenex HFA inhaler 45 mcg/actuation; SIG 2 puffs (90mcg) Q6H #1 refills: 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic) Xopenex

Decision rationale: The ODG recommend combination beta-2 agonists/inhaled corticosteroids as first-line choice for asthma. The injured worker has shortness of breath, cough productive of phlegm and blood, and wheezing. The treating physician has documented pale, edematous nasal mucosa, 99 percent oxygen saturation, and no evidence of wheezing or other pulmonary findings. This request was denied on August 5, 2014, citing a lack of documentation of history or exam findings indicative of acute asthma or asthma exacerbation. Despite the lack of exam findings such as wheezing, the injured worker has symptoms of productive cough and wheezing establishing the necessity for short-term use of this inhaler. The treating physician has not documented the medical necessity for longer-term treatment necessitating 3 refills. The criteria noted above not having been met, Xopenex HFA inhaler 45 mcg/actuation; SIG 2 puffs (90mcg) Q6H #1 refills: 3 is not medically necessary.

Symbicort HFA inhaler 160-4.5 mcg/actuation; 2 puffs BID QAM/PM 30 days #1, Refills:3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic) Symbicort (Formoterol/Budesonide)

Decision rationale: The ODG recommend combination beta-2 agonists/inhaled corticosteroids as first-line choice for asthma. The injured worker has shortness of breath, cough productive of phlegm and blood, and wheezing. The treating physician has documented pale, edematous nasal mucosa, 99 percent oxygen saturation, and no evidence of wheezing or other pulmonary findings. This request was denied on August 5, 2014, citing a lack of documentation of history or exam findings indicative of acute asthma or asthma exacerbation. Despite the lack of exam findings such as wheezing, the injured worker has symptoms of productive cough and wheezing establishing the necessity for short-term use of this inhaler. But the treating physician has not documented the medical necessity for longer-term treatment necessitating 3 refills. Since the criteria noted above have not been met, the request is not medically necessary and appropriate.

Promethazine-Codeine oral syrup 6.25-10mg/5ml #1 (240 ml) Refills: 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Daily Med notes that Promethazine hydrochloride and codeine phosphate syrup is indicated for the temporary relief of coughs and upper respiratory symptoms associated with allergy or the common cold. The injured worker has shortness of breath, cough productive of phlegm and blood, and wheezing. The treating physician has documented pale, edematous nasal mucosa, 99 percent oxygen saturation, and no evidence of wheezing or other pulmonary findings. This request was denied on August 5, 2014, citing a lack of documentation of indications of an active cough or symptoms of upper respiratory illness. However, the injured worker does have a documented productive cough and wheezing. The criteria noted above having been met, the request is medically necessary.

Allegra-D 60-120 mg #60 refills: 2: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Daily Med noted that temporary use relieves symptoms due to hay fever or other upper respiratory allergies, reduces swelling of nasal passages; temporarily restores freer breathing through the nose. The injured worker has shortness of breath, cough productive of phlegm and blood, and wheezing. The treating physician has documented pale, edematous nasal mucosa, 99 percent oxygen saturation, and no evidence of wheezing or other pulmonary findings. This request was denied on August 5, 2014, citing a lack of documentation of findings indicative of nasal swelling or congestion. However, the injured worker does have documented edematous nasal mucosa. The criteria noted above having been met, Allegra-D 60-120 mg #60 refills: 2 is medically necessary.