

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 05/07/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

**Azmacort 100 mcg. inhale 2 puffs, QID, Proair HFA, Ambien 10 mg., 2 tabs QHS 360, Atrovent solutions 1 vial in nebulizer QID with Albuterol, and Lortab 10 mg., 1 tab five to six times a day rn pain #180.**

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Occupational & Environmental Medicine, Internal Medicine

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Azmacort 100 mcg. inhale 2 puffs, QID – Overturned  
Proair HFA – Overturned  
Ambien 10 mg. 2 tabs QHS 360 – Upheld  
Atrovent Solution 1 vial in nebulizer QID with Albuterol – Overturned

Lortab 10 mg., 1 tab five to six times a day rn pain #180 - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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Initial Exam from Hospital Clinic dated 09/01/89

Progress Notes from Hospital Clinic dated 09/05/89, 09/08/89, 02/10/90, 02/03/90, 03/23/90, 04/04/90, 05/11/90, 05/14/90, 05/18/90, 11/13/90, 11/14/90, 11/15/90, 11/16/90, 02/25/93, 11/24/93, 10/26/94, 02/10/95, 05/26/95, 09/15/95, 10/19/95, 03/08/96, 04/24/96, 07/08/96, 08/28/96, 09/13/96, 12/11/96, 01/07/97, 01/08/97, 01/10/97, 02/05/97, 04/14/97, 05/23/97, 05/30/97, 08/11/97, 10/15/97, 10/17/97, 12/03/97, 12/08/97, 12/15/97, 12/17/97, 12/19/97, 01/05/98, 01/12/98, 03/23/98, 10/14/98, 02/24/99, 04/05/99, 08/13/99, 08/16/99, 11/02/99, 03/17/00, 07/11/00, 07/14/00, 08/14/00, 08/25/00, 10/18/00, 10/23/00, 12/14/00, 02/16/01, 04/03/01, 04/11/01, 04/12/01, 04/17/01, 06/04/01, 06/06/01, 06/18/01, 07/09/01, 07/23/01, 07/24/01, 07/26/01, 08/27/01, 08/31/01, 10/18/01, 10/19/01, 11/12/01, 01/28/02, 07/18/02, 07/19/02, 07/22/02, 07/26/02, 08/21/02, 10/23/02, 10/28/02, 03/14/03, 03/19/03, 06/27/03, 06/30/03, 07/03/03, 07/08/03, 07/11/03, 08/20/03, 10/02/03, 10/21/03, 11/06/03, 11/21/03, 11/25/03, 01/16/04, 01/21/04, 03/01/04, 03/02/04, 03/04/04, 03/09/04, 03/31/04, 04/30/04, 05/04/04, 05/13/04, 11/09/04, 02/07/05, 05/09/05, 06/08/05, 08/16/05, 02/02/06, 02/07/06, 02/22/06, 05/17/06, 05/30/06, 06/14/06, 07/06/06, 07/19/06, 07/31/06, 08/09/06, 08/25/06, 09/13/06, 12/08/06, 01/16/07, 03/09/07, 03/21/07, 04/09/07, 04/13/07, 05/24/07, 06/05/07, 07/16/07, 08/27/07, 08/28/07, 09/07/07, 09/17/07, 09/18/07, 10/15/07, 10/24/07, 11/05/07, 11/09/07, 12/14/07, 01/09/08, 01/10/08, 03/04/08, 03/28/08

X-Ray report from, M.D. dated 02/01/90

Lab results from Dr. dated 03/23/90, 11/14/90, 10/15/97, 07/23/02, 10/23/02

E-1 for a date of injury of xx/xx/xx

Emergency Care Record from Hospital dated 08/04/93

ABG Flowsheet from, M.D. dated 08/04/93

Consultation Report from, M.D. dated 08/04/93

EKG results from Dr. dated 08/09/93

Admission Record from Hospital dated 08/09/93

Pulmonary Function Study from, M.D. dated 08/09/93, 08/11/93

Short Stay Diagnosis from, M.D. dated 08/11/93

Respiratory Diagnosis from Hospital dated 08/19/93

Evaluation from unknown physician dated 08/25/93

Medical Impairment Evaluation from, D.O. dated 01/25/94, 10/25/94, 02/20/95

DWC-69 from Dr. dated 02/08/94

MMI Assignment from TWCC dated 02/28/94

Impairment rating from, M.D. dated 03/23/94

Progress Notes from Clinic dated 04/22/94, 04/27/94, 09/16/94

DWC-69 from Dr. dated 09/16/94

MMI Determination from, M.D. dated 09/29/94, 11/29/94, 01/05/95

SSA Release from dated 11/02/94

Disability Benefits Request from TRC dated 11/09/94  
DWC-69 from, M.D. dated 11/29/94, 03/14/95  
Cardiopulmonary Lab Results from Hospital Clinic dated 11/29/94, 02/14/95  
Physician Referral from, D.O. to, M.D. dated 04/14/97  
Evaluation from Dr. dated 05/23/97  
Evaluation from, P.T. dated 12/05/97, 12/15/97, 02/03/98, 02/19/98  
Radiology Report from, M.D. dated 12/10/97  
Physician Referral from, D.O. to M.D. dated 01/05/98  
Evaluation from, M.D. dated 01/14/98  
X-Ray Results from Dr. dated 08/14/00, 08/31/01  
Evaluation and Lab Results from Medical Center dated 10/03/00  
Evaluation from Medical Center dated 12/02/00  
Physician Referral from, D.O. to, D.P.M. dated 04/11/01  
Lab Results from Laboratory dated 04/13/01, 11/26/03  
Physician Referral from, D.O. to, M.D. dated 06/04/01  
Lab Results from Clinic dated 06/05/01  
Cardiolite Stress Test from, M.D. dated 06/22/01  
DWC-73 and Evaluation from, P.A.-C. dated 08/27/01  
Peer Review from, M.D. dated 09/13/02  
DWC-53 dated 10/02/03  
DWC-73 from, D.O. dated 10/02/03, 11/09/04, 02/07/05, 06/08/05, 08/16/05, 02/07/06,  
05/16/06, 06/05/07, 07/16/07, 10/23/07, 11/05/07, 01/09/08, 03/04/08, 03/28/08  
Evaluation from Dr. dated 10/08/03  
Radiology Report from, M.D. dated 11/04/03  
Evaluation from, M.D. dated 01/12/04  
Lab Results from Dr. dated 11/09/04, 07/19/06, 08/09/06, 03/09/07  
Progress Notes from, D.O. dated 02/07/05, 05/09/05, 06/08/05, 08/16/05, 08/09/06,  
09/13/06, 03/21/07, 06/29/07, 07/16/07, 08/27/07, 09/18/07, 10/24/07, 12/14/07,  
01/09/08  
DWC-66 dated 10/28/05, 12/09/05, 01/19/06, 01/20/06, 01/24/06, 02/17/06, 02/27/06,  
03/10/06, 03/17/06, 03/25/06, 04/15/06  
Emergency Room Records from Medical Center dated 02/01/06, 06/08/06  
Medical Record Review from, M.D. dated 05/22/06, 12/13/07  
A PLN-11 from the insurance carrier dated 05/23/06, 03/09/07  
Letter of Medical Necessity from, D.O. dated 06/01/06, 09/05/06, 09/12/06  
Excessive Drug Warning from Risk Management dated 06/15/06  
RME Report from, M.D. dated 08/11/06  
Chest X-Ray from Dr. dated 08/28/06  
Notice of PRME from TDI dated 10/04/06  
Spirometry Report from, M.D. dated 10/16/06  
Medical Interlocutory Order from TDI dated 10/25/06, 05/04/07, 05/10/07  
Notice of Hearing from TDI dated 12/04/06  
Evaluation from, M.D. dated 03/02/07  
Letter of Medical Necessity from, D.O. to TDI dated 04/27/07, 08/28/07, 10/25/07  
Cerebrovascular Imaging Report from, M.D. dated 07/06/07  
Notice of Medical Necessity/Unresolved Dispute dated 09/10/07

Decision and Order from TDI signed by dated 10/30/07  
Evaluation from, M.D. dated 12/07/07 and 12/27/07  
Evaluation from, D.O. dated 12/28/07  
Notification of Determination from dated 01/15/08 and 03/14/08  
Letter of non-certification, according to the ODG, from Dr. dated 03/20/08  
Reconsideration Determination from, M.D. dated 04/04/08  
Carrier Position Summary dated 04/18/08  
Hearings Decision from TDI dated 04/22/08  
An undated and unsigned Referral for Utilization Management  
An undated and unsigned DWC-49 from Dr.  
An undated and unsigned Adjuster Individual Patient Activity sheet  
An undated and unsigned Workers' Compensation Drug List  
The ODG Guidelines were provided by carrier on disc.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 09/01/89, unknown doctor performed an Initial Exam from Hospital Clinic and determined acute somatic dys of lumbosacral region and prescribed Valium and Motrin. Progress notes from Hospital Clinic were performed 09/05/89 through 03/28/08. On 08/04/93, Dr. diagnosed bronchospasm from secondary reaction to acrylic paint. Dr. stated the Pulmonary Function study was consistent with advanced chronic obstructive/restrictive pulmonary disease for age.

A Short Stay Final Diagnosis from Hospital dated 08/09 -11/93 stated Acute asthmatic bronchitis with status asthmaticus, Hypoxemia, and Acute tracheal bronchitis secondary to paint inhalation contributing to #1. Follow-up spirometry (pulmonary function study) dated 08/11/93 (little change from the report of 08/07/93) shows persistent moderate obstructive ventilatory impairment. M.D. stated that he did not feel this patient had reached maximum medical improvement and recommended a pulmonary consultation and repeat pulmonary function test prior to determining MMI. On 11/29/94, M.D., certified in the DWC-69 that the patient had reached maximum medical improvement and that he had a whole body impairment of 25%. On 05/23/06 and 03/09/07, the insurance carrier sent a Notice of Disputed Issues and Refusal To Pay Benefits based on a peer review from Dr. stating the claimant's 1993 injury had resolved and his current disease was most likely related to a disease of life. On 09/12/06, D,O, wrote a letter disagreeing with the carrier's determination. On 04/27/07, wrote a letter of medical necessity to TDI stating a work-related diagnosis of pulmonary impairment secondary to paint inhalation. On 10/30/07, a BRC decision concluded the current diagnosis of chronic obstructive pulmonary disease and restrictive airway disease was part of the 08/02/93 compensable injury. On 10/25/07, in a letter to TDI, Dr. stated that the diagnosis of pulmonary impairment was secondary to paint inhalation, and also stated that the severity of damage was not consistent with his smoking history. On 12/28/07 and 03/20/08, Dr. wrote letters of non-certification for Proair HFA #18, Asmacourt 100mg. Inhale 2 puffs 4 x daily #20, Soma 350 mg 2 tabs 4 x daily #720, Lortab 10mg 1 tab 5-6 x daily #540. Letters of non-certification from dated 01/15/08 and 03/14/08. Dr. provided a Reconsideration Determination dated 04/08/08 stated the ProAir, Azmacort,, Albuterol, Atrovent, Lortab,

Soma and Ambien medications are not clinically verified. A Carrier Submission from the Law Offices of dated 04/18/08 requested that the ProAir, Azmacort, Atrovent, Albuterol, Lortab and Ambien are not currently medically necessary healthcare and not a reasonable medical benefit for treatment of the compensable injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

ODG Guidelines confirm that Lortab is to be used for short-term purposes. The long-term use requires psychological assessment and a high potential for addiction after this many years. It would require a weaning gradually off the product. It is not believed to be medically necessary according to Official Disability Guidelines 2008. Ambien 10 mg two at bedtime is a dose in excess of that which is usual and customary. I am not certain of his status regarding sleep apnea, but after this many years, I do not believe it is medically reasonable or necessary since Ambien is a soporific, and ODG Guidelines state that such products are for short-term use.

Azmacort, ProAir, Atrovent, and Albuterol are medically reasonable and necessary in my medical opinion. These medicines are advised for the following reasons: an individual who sustains an injury, even if he has a silent disease such as an ordinary disease of life accompanying the injury such as chronic obstructive airway disease from tobacco utilization, which then is precipitated by the inhalation of paint fumes for three days in an enclosed environment, then both the inhalation injury, which is a form of irritant-related asthma or reactive airway disease, and the underlying chronic obstructive pulmonary disease would require treatment as medically necessary.

The natural history of chronic obstructive pulmonary disease is that it is a chronic disease, unlikely to change for the better. According to a specialist, Dr., who saw him on 12/07/07, historically this gentleman has smoked a pack of cigarettes a day for 35 years. There is no doubt that tobacco smoke was a significant confounding variable and an initiator of his ordinary disease of life. Even though he was said to have stopped in 1993, Dr. comments would suggest that he started again. This would cause more instability in regard to his everyday lung function. In spite of my academic observations that his ordinary disease of life is the prominent aspect that is causing his current manifestations, the paint inhalation requires treatment as medically necessary.

ODG Treatment Guidelines do not cover pulmonary disease. There are numerous guidelines, and currently the National Heart, Lung, and Blood Institute combined with the World Health Organization are working on a new set of guidelines. There are current international guidelines as well as several initiated in the United States. The Annals of Internal Medicine 2007, Volume 147, page 633-638 and pages 639-653 contain appropriate guidelines for chronic obstructive pulmonary disease. This gentleman has superimposed bronchoreactivity. It is not clear whether this represents residual reactive airway disease or superimposed adult onset asthma or merely a chronic bronchitis with a

significant bronchoreactive component. All of these entities have to be treated with inhaled steroids. It is not unusual to see aerosolized albuterol, which is a short-term bronchodilator, combined with an anticholinergic. Thus, the Atrovent and albuterol are acceptable according to American College of Physician Guidelines as published in the Annals of Internal Medicine. The ProAir is an immediate reliever to be used in emergencies.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
  
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**