

<b>Case Number:</b>	CM13-0039534		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	03/15/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 patient is a 57-year-old male who reported an injury on 9/24/10. The mechanism of injury was cumulative trauma. The patient had a pulmonary function test that showed moderate to severe obstruction with a forced expiratory volume (FEV) of 101.81 on 12/5/2012. The patient also had a chest x-ray that showed no acute cardiopulmonary disease. The patient had positive breath sounds bilaterally with no crackles, rales, or wheezing, and a positive decreased gas exchange. The patient uses Advair Diskus twice a day, and a ProAir rescue inhaler on a sporadic basis. The patient smokes half a pack of tobacco per day, and supplementing with an electronic cigarette. The patient's diagnoses include COPD, rule out industrial causation, deferred to toxicology; and nicotine dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Advair with two refills:** Upheld

**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

**Decision rationale:** The Official Disability Guidelines indicate that Advair is a first-line choice for asthma. The clinical documentation submitted for review failed to provide a recent pulmonary function test to support the medication's efficacy. The clinical documentation submitted for review indicated the patient was using the medication and that he was being nicely controlled and stable. Additionally, the patient was noted to be smoking half a pack of cigarettes per day. Given the above, the request for Advair is not medically necessary.

**ProAir with two refills:** Upheld

**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

**Decision rationale:** The Official Disability Guidelines recommend Albuterol (ProAir) as a first-line choice for intermittent asthma, and it is to be used on an as-needed basis. The clinical documentation submitted for review indicated the patient was using the medication on an as-needed basis. However, there was a lack of documentation indicating the efficacy of the requested medication. Additionally, the patient was noted to be smoking half a pack of cigarettes per day. Given the above and the lack of documentation of the efficacy, the request for ProAir is not medically necessary.

**internal medicine referral for COPD:** Upheld

**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

**Decision rationale:** The Official Disability Guidelines indicate that the need for clinical office visit with a healthcare provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated that the patient was being referred for COPD. There was a lack of documentation indicating the patient's pulmonary function test, as well as a recent chest x-ray. Additionally, the patient indicated that the symptoms were controlled with the medications. There was a lack of documentation indicating the necessity for a referral. Given the above, the request for an internal medicine referral is not medically necessary.