

Case Number:	CM14-0123798		
Date Assigned:	08/08/2014	Date of Injury:	10/21/1992
Decision Date:	10/01/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 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:

Medical records reflect the claimant is a 56 year old male who sustained a work injury on 10-21-92. His current diagnoses include rhino conjunctivitis, bronchial asthma and allergic rhinitis. His current medications include Advair, ProAir HFA, albuterol, Nasonex, cetidzine, EpiPen, Atrovent HFA, Atrovent nasal, Singulair, Astepro, Spiriva, doxazosin, and ramipril. A determination letter on 06/28/2013 indicated that the patient was authorized for 12 Xolair injections and an immunoglobulin E laboratory test for the treatment of his allergic rhinitis. Office visit dated 7-9-14 noted the claimant was doing well in terms of asthma. It was noted that he had not had to use his nebulizer at all in the past month. On physical examination, the patient was noted to have normal findings of the nose, nasal mucosa, turbinates, nasal septum, and nasal canal. The patient received 300 mg Xolair injections at 2 subcutaneous sites. The treatment plan included a recommendation to follow-up in 1 month for Xolair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolair Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pulmonary Chapter, Omalizumab (Xolair)

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 - Omalizumab. Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

Decision rationale: The US National Library of Medicine notes that Xolair is indicated for adults and adolescents (12 years of age and above) with moderate to severe persistent asthma who have a positive skin test or in vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids. ODG reflects that Omalizumab (Xolair) is under study as a first-line choice for asthma; recommend anti-immunoglobulin E therapy as second line. Recommended as adjunctive therapy for patients > 12 years of age to control allergic diseases such as allergic rhinitis and asthma. This is an anti-IgE monoclonal antibody that prevents binding of IgE to high-affinity receptors on basophils and mast cells. The claimant is being prescribed Xolair injections and he is stable. His condition is controlled. While the use of this medication is reasonable and indicated per current treatment guidelines and his stable condition, there is an absence in documentation to support nonspecific amount of injections. Therefore, this request as written is not established as medically necessary.