

Case Number:	CM14-0034636		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2005
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 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. 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:

According to the internal medical report dated 04/05/2013, the patient had a Chronic obstructive pulmonary disease (COPD) followup. His symptoms are aggravated by activities of daily living, moderate activity and upper extremity activity. His associated symptoms are dyspnea on exertion and morning cough. On examination of the respiratory system, the chest is described as symmetric and lungs were clear to auscultation. The patient was diagnosed with hyperplasia of the prostate, unspecified without urine; osteoarthritis, generalized hypertension, asthma, with acute exacerbation. The patient has been recommended to use inhalers as usual and will switch from Cymbicort to Advair Diskus 250 mcg-50 mcg per dose for inhalation. Prior utilization review dated 03/04/2014 states the request for Advair Diskus was not certified as there was no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advair Diskus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Advair Diskus (Fluticasone Propionate) www.advair.com [Fluticasone www.nlm.nih.gov](http://Fluticasone.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence:Reilly, John J.; Silverman, Edwin K.; Shapiro, Steven D. (2011). "Chronic Obstructive Pulmonary Disease". In Longo, Dan; Fauci, Anthony; Kasper, Dennis; Hauser, Stephen; Jameson, J.; Loscalzo, Joseph. Harrison's Principles of Internal Medicine (18th ed.). McGraw Hill. pp. 2151-9.

Decision rationale: CA MTUS and ODG do not discuss the issue in dispute. Advair is a medication that contains fluticasone (a steroid) and salmeterol (a long acting beta agonist). It is used in the treatment of both asthma and COPD. The patient is documented as having a diagnosis of COPD and asthma with acute exacerbation. His asthma/COPD is documented as being the same and his lungs are documented as being clear to auscultation per his Internal Medicine physician note. The patient was previously receiving Symbicort, which is in the same class of medication as Advair and contains very similar ingredients. The plan was to switch to Advair as the patient was noted to have continued cough. Since these medications are in the same class and are equally efficacious, switching to Advair is not likely to improve the patient's symptoms and thus another etiology for the patients cough should be considered. If his cough is attributable to asthma/COPD another medication should be considered such as montelukast or theophylline. Thus, the request for Advair is not deemed medically necessary and is not medically necessary.