

Case Number:	CM14-0030262		
Date Assigned:	06/20/2014	Date of Injury:	10/23/1990
Decision Date:	05/08/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 47 year old male who sustained an industrial injury on 10/23/1990. The medical records provided for 9/03/2013, noted his diagnoses to include immunoglobulin G myeloma; leukopenia; hypovitaminosis-D; bradycardia - medication induced; and back pain. The 12/30/2014, note his diagnoses to include IGG Kappa Myeloma (multiple) - with persistent disease; neuropathy - stable; skeletal prophylaxis; and Zoster prophylaxis - on acyclovir. The medical record notes hematology clinic notes; multiple laboratory and diagnostic studies; and medication management. He has been treated with autologous transplant (12/2010) with maintenance medications; salvage autologous transplant (12/2013) - followed by maintenance medication with Velcade; multiple myeloma bone survey x-ray (11/12/13 & 1/27/15); bone marrow biopsy/aspiration/cytogenetics/flow cytometry (1/13/15); magnetic resonance imaging - back & brain; and Acyclovir & Bactrim for infection. No medical records for 12/20/2013 were provided for my review, showing the request for Azithromycin 250mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Azithromycin 250mg, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bird JM, Owen RG, D'Sa S, Snowden JA, Pratt

G, Ashcroft J, Yong K, Cook G, Feyler S, Davies F, Morgan G, Cavanaugh J, Low E, Behrens J, Jenner, M, Haematoponcology Task Force of the British Sommittee for Standards in Haematology (BCSH), UK Myeloma Forum. Guidelines for the diagnosis and management of multiple myeloma 2013. London (UK): British Committee for Standards in Haemotology (BCSH); 2013. 99p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Treatment of Neutropenic fever.

Decision rationale: The MTUS is silent regarding the use of azithromycin 250mg. The IW has a diagnosis of Multiple Myeloma and is s/p stem cell transplant. He is treated with empiric antimicrobials including Acyclovir and Bactrim. The documentation doesn't support the reason for using azithromycin 250mg #6. The patient was not having a neutropenic fever and was in fact, asymptomatic. The use of azithromycin is not found to have medical necessity as the patient was not having any infectious symptomaticology. Therefore the request is not medically necessary.