

<b>Case Number:</b>	CM15-0137390		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: New York  
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:

This 57-year-old man sustained an industrial injury on 3/10/2008. The mechanism of injury is not detailed. Diagnoses include asthma and chronic obstructive pulmonary disease. Treatment has included oral medications. Physician notes dated 4/7/2015 show complaints of exacerbated pulmonary disease. Recommendations include unspecified nebulized medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xopenex 0.63% nebulizer (1 neb q 8hr 30 day supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary (Acute & Chronic) Chapter, Asthma Medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (acute and chronic) Chapter.

**Decision rationale:** 2-adrenergic agonists, also known as 2-adrenergic receptor agonists, are a class of drugs that act on the beta2-adrenergic receptor. Pharmacologic treatment with bronchodilators is used to prevent and/or control daily symptoms that may cause disability for persons with these diseases. These medications are intended to improve the movement of air into and from the lungs by relaxing and dilating the bronchial passageways. Beta adrenergic agonists are a commonly prescribed class of bronchodilator drug. They can be administered via nebulizer, metered dose inhaler, orally, or dry powdered inhaler. In this case, the patient is maintained on a beta adrenergic agonist in the form of a metered dose inhaler. The use of the bronchodilator in the nebulizer form is usually reserved for refractory symptoms or exacerbations. There is no indication that the patient is unstable on his present inhaler therapy. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

**ProAir (1 puff Q 6hrs PRN 30 day supply):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter, Asthma Medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (acute and chronic) Chapter.

**Decision rationale:** "2-adrenergic agonists, (ProAir) also known as" 2-adrenergic receptor agonists, are a class of drugs that act on the beta2-adrenergic receptor. Like other beta-adrenergic agonists, they cause smooth muscle relaxation. Beta 2-adrenergic agonists' effects on smooth muscle cause dilation of bronchial passages, vasodilation in muscle and liver, relaxation of uterine muscle, and release of insulin. They are primarily used to treat asthma and other pulmonary disorders such as COPD. In this case, the patient has moderate to severe COPD secondary to toxic exposure to airborne chemicals. He has had a full pulmonary evaluation including pulmonary function studies. The requested medication (ProAir) is medically necessary and reasonable for the treatment of the patient's pulmonary condition. Medical necessity for the requested medication is established. The requested medication is medically necessary.