

Case Number:	CM14-0146322		
Date Assigned:	09/12/2014	Date of Injury:	01/23/2002
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family Practice, and is licensed to practice in Texas and Georgia. 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:

The injured worker is a 72-year-old female who reported an injury on 01/23/2002. The diagnostic studies, mechanism of injury, and surgical history were not provided. Other medications were not provided. The documentation of 08/08/2014 revealed the injured worker had breath sounds that were decreased in the bilateral lung fields. The injured worker was in respiratory distress. The diagnoses included obstructive chronic bronchitis with acute exacerbation, cough, and asthma. The medications included Biaxin 500 mg 1 twice a day and Maxzide 75/50 mg tablet 1 by mouth every day. The treatment plan included the injured worker was continuing to utilize her nebulizer as much as needed to improve airway function and decrease coughing. The documentation indicated the injured worker would benefit greatly from a pulmonologist visit with overview of medications, especially since the injured worker could not take oral or injected steroids. The Request for Authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biaxin 500 mg., #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8222794>, Chest. 1993 Nov;104(5): 1393-1399

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease Chapter, Clarithromycin

Decision rationale: The Official Disability Guidelines indicate that Biaxin is recommended for lower respiratory infections, including bronchitis and pneumonia. It is recommended for an acute exacerbation of chronic obstructive pulmonary disease with associated purulent sputum with evidence of shortness of breath or sputum volume. If only 1 of the above criteria is present, antibiotics are not recommended. The clinical documentation submitted for review failed to indicate the injured worker had chronic obstructive pulmonary disease and had purulent sputum, shortness of breath, or sputum volume. There was no documented rationale for the medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the request for Biaxin 500 mg #20 is not medically necessary.

Maxzide 75 mg-50 mg, #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2867747>, Arch Intern Med. 1986 Jan;146(1):129-133

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: <http://www.drugs.com/pro/maxzide.html>

Decision rationale: Per drugs.com, "Maxzide, triamterene and hydrochlorothiazide, combines triamterene, a potassium conserving diuretic, with the natriuretic agent, hydrochlorothiazide." There was a lack of documented rationale for the requested medication. Additionally, there was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The duration of use could not be established. Given the above, the request for Maxzide 75/50 mg #90 with 3 refills is not medically necessary.