

Case Number:	CM14-0215203		
Date Assigned:	01/02/2015	Date of Injury:	11/30/2010
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 48 year-old female with a 11/30/2010 date of injury. According to the 12/04/14 allergist report, the patient is being seen for follow-up for angioedema and asthma attack. She received the Xolair on 11/25 and is better now, her shortness of breath is at baseline. The Xolair has reduced the frequency of hospitalizations related to angioedema. Medical problems include diabetes mellitus; diabetic neuropathy; hypertensive disorder; asthma; asthma attack; gastroesophageal reflux disease; IBS; chronic urticaria; anaphylactoid reaction to radiocontrast media; angioedema; non-steroidal anti-inflammatory drug (NSAID) sensitivity. She is on prednisone, Singulair, Spiriva inhaler, OxyContin, Wellbutrin Currently in no acute distress. On 12/09/14 utilization review modified the request for Xolair every two weeks to allow a one-time injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolair every two weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pulmonary Procedure Summary last updated 07/29/2014

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 for Omalizumab (Xolair).

Decision rationale: The allergist recommended Xolair every two weeks for angioedema. The patient received Xolair on 11/25/14 and has had significant improvement. Shortness of breath improved and her frequency of hospitalizations has reduced since she had the Xolair. The MTUS/ACOEM did not discuss Xolair. The Official Disability Guidelines (ODG)-TWC, Pulmonary chapter for Omalizumab (Xolair) states: "Under study as a first-line choice for asthma; recommend anti-immunoglobulin E therapy as second line." The ODG-TWC guidelines, Pulmonary chapter for Asthma medications, stepwise approach for managing asthma states this is from persistent severe asthma. The patient has asthma, angioedema and urticaria. The records show Xolair was used as second-line treatment, and has shown benefits in the patient's shortness of breath and decrease in hospitalizations. The use of Xolair appears to be in accordance with ODG guidelines. The request for Xolair every 2 weeks is medically necessary.