

<b>Case Number:</b>	CM15-0098373		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 40 year old female, who sustained an industrial injury on 7/31/12. She has reported initial complaints of exposure to mold from a leaking roof in her office with shortness of breath, emotional stress, right shoulder and right toe pain. The diagnoses have included asthma post mold exposure and positive tuberculosis skin test. Treatment to date has included medications, inhalers, diagnostics, consultations with specialists, and psychiatric. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of having increased respiratory problems. The physician notes that she needs more than Ventolin inhaler as her cough has worsened since the last exam. The diagnosis is flare up of respiratory. The current medications included Ibuprofen as needed and Ventolin inhaler two puffs every other day. Work status is permanent and stationary. The physician recommended internal medicine consult. The physician requested treatment included Zithromax 250 MG quantity of 14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zithromax 250 MG Qty 14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Asthma, Initial evaluation, Asthma medications.

**Decision rationale:** The MTUS is silent on the use of Zithromax (Azithromycin). The ODG does not discuss Azithromycin use in asthma specifically, but does discuss asthma and the medications that should be used. The ODG states that treatment of asthma is recommend stepwise approach below. Inhaled corticosteroids (ICSs) are the most effective long-term control therapy. When choosing among treatment options, consider domain of relevance to the patient (impairment, risk or both), patient's history of response to the medication, and patient's willingness and ability to use the medication. (Demeter, 2011) According to the very widely recognized GINA (Global Initiative for Asthma) guidelines, the treatment of occupational asthma is identical to other forms of this condition. Therefore, when considering which medications are appropriate for treatment of occupational asthma, the GINA guidelines as well as a number of other guidelines were reviewed. (O'Lenic, 2012) Stepwise approach for managing asthma: Intermittent Asthma: SABA prn, Persistent Asthma: Mild: - First-line: Low-dose ICS- Second-line: LTRA or Theophylline, Persistent Asthma: Moderate:- First-line: Low-dose ICS + LABA OR Medium-dose ICS - Second-line: Medium-dose ICS + LABA - Third-line: Low-dose ICS + either LTRA or Theophylline- Fourth-line: Medium-dose ICS + either LTRA or Theophylline, Persistent Asthma: Severe: - First-line: High-dose ICS + LABA And Consider Anti-IgE for patients who have allergies - Second-line: High-dose ICS + LABA + Oral corticosteroids And Consider Anti-IgE The use of antibiotics is not routine in the treatment of asthma. The medical records fail to document any infectious process at this time. There is no documentation of fever, productive sputum, etc requiring antibiotics. The medical records fail to provide an indication for this medication. As such, the request for Zithromax 250mg Qty 14 is not medically necessary.