

<b>Case Number:</b>	CM13-0029327		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/13/1992
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and abdomen pain reportedly associated with an industrial injury of March 13, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a gastric bypass with subsequent revision; and insertion of a PICC line. In a Utilization Review Report of September 5, 2013, the claims administrator denied a request for Ferrlecit infusion therapy, stating that the attending provider did not furnish adequate documentation as to why the medication in question was needed. The applicant's attorney subsequently appealed. A clinical progress note of January 10, 2014 is notable for comments that the applicant carries a variety of diagnoses including major depressive disorder, vitamin D deficiency, fibromyalgia, morbid obesity, neck pain, sleep disturbance, and knee bursitis. The applicant is status post total knee arthroplasty, gastric bypass with subsequent revision, and cholecystectomy. The applicant's medication list included vitamin B12 injections, Cobal, Albuterol, Cymbalta, Lidocaine, Norco, Opana, and Protonix. It was stated that the applicant had no active bleeding diathesis on hematology-oncology review of systems. In an earlier progress note of December 3, 2013, it was stated that the applicant needs follow-up CBC and iron studies. It was stated that the applicant's iron deficiency was a direct result of complications from the applicant's multiple bariatric surgeries in the past. The applicant was reportedly unable to tolerate oral iron owing to severe abdominal pain, it was stated. Laboratory testing of December 4, 2013 was notable for an elevated vitamin B12 level of greater than 1200, a normal folate level of 7.36, and normal hemoglobin and hematocrit of 12.1 and 37.5, with normal platelet count of 261,000. The applicant's Creatinine is normal at 0.62, with normal Ferritin of 6.8 and normal Serum Iron of 63. Authorization was sought for vitamin B12 injections, iron infusion, and a home caregiver.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **OUTPATIENT INJECTION OF FERRIECIT INFUSION 125MG:** 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), Web Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date.Com, Literature Review On Treatment Of The Adult With Iron Deficiency Anemia

**Decision rationale:** The MTUS does not address the topic. As noted in the Up-To-Date article last updated on March 10, 2014, parenteral iron is indicated in individuals with iron deficiency anemia in whom there are contraindications to usage of oral iron, one of which includes applicants who have undergone gastric bypass surgery who have issues with poor intestinal absorption to iron. In this case, the attending provider has in fact posited that the applicant has poorly absorbed oral iron in the past and further stated that the applicant has developed GI side effects with oral iron. It appears furthermore that the applicant's anemia has responded favorably to prior introduction of parenteral iron (Ferrlecit). The applicant's hemoglobin and hematocrit had apparently normalized as of December 4, 2013. Continued usage of parenteral/intermuscular iron (Ferrlecit) is therefore indicated. Accordingly, the request is medically necessary, on Independent Medical Review.