

<b>Case Number:</b>	CM13-0039376		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/24/2001
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a patient with a date of injury of January 24 2001. A utilization review determination dated October 4, 2013 recommends modified certification of Enbrel 50 mg. Modified certification is due to, "the provider requested one subcutaneous injection of Enbrel per week for the indefinite future. Since the guidelines do not provide a recommendation for long-term use, the certification will be based off of the previous review [REDACTED] that certified a limited three-month amount." A progress report dated October 3, 2013 indicates that the patient is to take Enbrel 50 mg once a week by subcutaneous injection for the indefinite future. The note goes on on to indicate that when the patient is off Enbrel he has more pain and stiffening, return of psoriasis in the scalp, increased pain in the hips, right shoulder, right elbow, and reduced range of motion in the neck. The Enbrel reportedly improves the patient's pain by approximately 40% which increases his mobility, and reduces the psoriasis by approximately 90%. The note indicates that the patient also uses Aleve and Flucinolone cream. Physical examination identify psoriatic plaques on the scalp and back, reduced range of motion in the cervical spine with tenderness to palpation, 50% reduction in chest expansion (reduced since last visit), decreased range of motion of the lumbar spine, and tenderness over the right elbow medial of the condyle. Diagnoses include seronegative spondylitis arthritis with features of psoriatic spondylosis arthropathy with exacerbation due to an industrial injury dated January 24, 2001. The note indicates that due to the flareup of the patient's spondyloarthropathy he is totally disabled and cannot be considered permanent and stationary until resumption of the Enbrel. A progress report dated February 29, 2008 states, "in May 2003 he was shown to be HLA B 27 positive."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Enbrel 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Section: Tumor necrosis factor (TNF) modifiers

**Decision rationale:** Regarding the request for Enbrel (a tumor necrosis factor modifier), Chronic Pain Medical Treatment guidelines state that these medications are not recommended. Official Disability Guidelines state that these medications are not recommended. The guidelines go on to state that long-term results have not supported a consistent positive recommendation. Additionally, other guidelines recommend the use of Enbrel only after an innig adequate response of at least two standard disease modifying antirheumatic drugs administered either individually or in combination. No documentation has been provided indicating that the patient has failed at least to disease modifying antirheumatic drugs. In light of the above issues, the currently requested Enbrel is not medically necessary.