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| Case Number: | CM13-0047181 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/12/1997 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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 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 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:

The patient is a 42 year old female with a date of injury of 03/12/1997. The listed diagnoses per [REDACTED] dated 09/06/2013 are: 1. Rheumatoid arthritis 2. Long-term use meds 3. Myalgia and Myositis According to report dated 09/16/2013 by [REDACTED], patient presents with continued "total body pain, chronic fatigue and problems sleeping." Patient reports that Enbrel injections have helped decrease her pain and stiffness. The physical examination notes no new joint swelling, normal neurologic examination, rheumatoid arthritis deformities in hands and no organomegaly. Treating physician requests that the patient continue Enbrel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enbrel 50mg/ml, 1 injection 2x wk #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Rheumatology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Number 0315 and Drug.com.

Decision rationale: This patient has rheumatoid arthritis with deformity of hands. Treating physician is requesting Enbrel 50mg 1 injection 2 x per week #8. The MTUS, ACOEM and ODG guidelines do not discuss Enbrel injections. Enbrel is a brand name for Etanercept. [REDACTED]

guidelines Number 0315 has the following regarding Enbrel (etanercept). "Enbrel is medically necessary for any of the following indications: Adult/juvenile Rheumatoid Arthritis, active psoriatic arthritis, ankylosing spondylitis, reactive arthritis, behcet's disease and chronic moderate to server psoriasis. Etanercept is considered medically necessary for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in members with moderately to severely active rheumatoid arthritis." [REDACTED] a does not provide dosing guidelines; however, <http://www.enbrel.com> provides clear dosing information. "The recommended dose of ENBREL for adult patients with moderately to severely active rheumatoid arthritis (RA) is 50 mg per week. A 50 mg dose can be given as one subcutaneous injection (an injection beneath the skin) using either a 50 mg/mL Enbrel® SureClick® auto injector or a 50 mg/mL single-use prefilled syringe. A 50 mg dose can also be given as two 25 mg subcutaneous injections using 25 mg/0.5 mL single-use prefilled syringes or 25 mg vials." For psoriatic arthritis, starting dose is 50mg twice weekly for 3 months but in this patient, the diagnosis is Rheumatoid arthritis. Drug.com further states, "Based on a study of 50 mg Enbrel twice weekly in patients with RA that suggested higher incidence of adverse reactions but similar American College of Rheumatology (ACR) response rates, doses higher than 50 mg per week are not recommended." Although this patient presents with rheumatoid arthritis, the treating physician is requesting 50mg at 2 times per week which exceeds the recommended dosing. The requested Enbrel 50mg 2x per week is not medically necessary and recommendation is for denial.