

Case Number:	CM13-0068643		
Date Assigned:	01/03/2014	Date of Injury:	12/01/1999
Decision Date:	04/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 66-year-old female patient with a reported injury 12/01/1999. The patient was diagnosed with multiple sclerosis (MS) in 1999 and it was reported that the patient has not developed any new neurological problems since being off the medication Avonex, which was previously prescribed for the management of MS symptoms. The patient has undergone physical therapy, and the patient reports improved strength and balance. The patient currently walks with the use of a cane rather than a walker. Objectively, the patient had mild decreased sensation to light touch over left lower face.

IMR ISSUES, DECISIONS AND RATIONALES

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

TECFIDERA 240MG BID X 30 DAYS. TITRATION STARTER PACK; MONTHS 2- 13 (CAPSULES); QUANTITY 720: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: The CA MTUS/ACOEM and Official Disability Guidelines do not address. Drugs.com states "Tecfidera (FDA approved), is an oral MS medication that defends against relapsing MS in many different ways, like reducing relapses, delaying progression of physical disability, and slowing the development of brain lesions." The request for Tecfidera 240 mg twice a day x30 days titration starter pack (months 2-13) capsules, quantity 720, is non-certified. The patient has a history of chronic cerebellar ataxia, intermittent left trigeminal neuralgia, and decreased cognitive function from multiple sclerosis. Prior to the request for Tecfidera, the patient was on Avonex once a week and also had been on gabapentin and Tegretol for facial pain relative to multiple sclerosis. Tecfidera is an FDA-approved medication and used for the treatment of muscular sclerosis and its symptoms. Although it is reported that she has not developed any new neurological problems, objectively, there were mild decreased sensations to light touch over the left lower face of the patient. Given the request is for an extended length of time and the effectiveness is not yet known, the request is non- certified.