

Case Number:	CM13-0072298		
Date Assigned:	01/17/2014	Date of Injury:	05/02/1991
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice in New York. 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 65-year-old male with a date of injury of 05/02/1991. The mechanism of injury and how it is related to his present disease is not documented. The patient appeal letter noted that he was diagnosed with "Crohn's Disease and/or Ulcerative Colitis in 1991." On 09/28/2012 he was being treated with Remicade every 6 weeks for Crohn's disease. On 06/05/2013 it was noted that he had Crohn's disease and had been treated with Remicade since 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

treatment for Remicade-800mg every 6 to 8 weeks for 1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved packet insert for Remicade

Decision rationale: The question is if Remicade is medically necessary for this patient. MTUS and ODG do not mention the treatment of Crohn's disease. Remicade in the dose requested for the treatment of Crohn's disease (every 6 to 8 weeks) is consistent with the FDA approved packet insert for Remicade. He has been followed by a gastroenterologist and has documentation of a condition for which there is a FDA approved indication for treatment with Remicade. The dose

is consistent with the FDA approved packet insert. Remicade is a standard of care for the treatment of this patient's disease and has been effective treatment for this patient since 2003. Therefore request is medically necessary.