MAXIMUS Federal Services

Case Number:	CM14-0007635		
Date Assigned:	02/07/2014	Date of Injury:	04/26/2013
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 61-year-old male with a 4/26/13 date of injury. The mechanism of injury is reported as a fall off a ladder while reaching to repair a ceiling. The patient was seen on 1/13/14 for a follow-up of this infected back and methicillin-resistant staphylococcus aureus sepsis. The patient was still being treated with daptomycin. He was doing well up until the past 2 or 3 days when he became very weak and sleepy. He had a temperature of 99 degrees. The objective findings included a well healed surgical incision, he is able to heel and toe walk and 5/5 strength distally. The diagnostic impression was status post laminectomy and fusion, chronic back pain, liver disease, infectious disease, hypertension. The treatment to date included medication management, activity modification, surgery. A UR decision dated 1/10/14 denied the request for Procrit. Prior to initiation of Procrit therapy, the patient's iron store should be evaluated, and transferrin saturation should be at least 20% and ferritin at least 100 ng/ml, and blood pressure should be adequately controlled. The clinical information submitted for review lacks current lab work as evidence to support that the patient is presently anemic, or that lower levels of medication therapy have been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO VIALS OF PROCRIT 10,000 UNITS ONCE WEEKLY FOR TWO WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS website, Drugs.com, Procrit.

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

Decision rationale: The California MTUS and ODG do not address this issue. An online search shows that Procrit is an Erythropesis-Stimulating agent indicated for the treatment of anemia resulting from chronic kidney failure, chemotherapy, certain treatments for HIV, and also to reduce the number of blood transfusions during and after certain major surgeries. The patient's iron status must be evaluated before and during treatment and iron repletion must be maintained. Other causes of anemia must be corrected or excluded before initiating Procrit. In the reports reviewed, current lab values were not provided to evaluate whether or not the patient is anemic and to determine dosage. In addition, Procrit is contraindicated in patients with uncontrolled hypertension. The patient is diagnosed with hypertension, and there was no documentation regarding his blood pressure being monitored during Procrit therapy. Therefore, the request for two vials of Procrit 10,000 units once weekly for two weeks was not medically necessary.