

Case Number:	CM14-0014797		
Date Assigned:	02/28/2014	Date of Injury:	10/31/2012
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 55-year-old female with a 10/31/12 date of injury. While at work, the patient slipped and fell landing on the right side of her body injuring her right upper and lower extremities, neck and back. Objective findings: metatarsalgic gain, range of motion of cervical spine and lumbar spine is 50% of normal, slight Rheumatoid Arthritis deformities of the PIP and MP joints, loss in range of motion of wrists, synovitis and effusion in the left knee. Diagnostic impression: Rheumatoid arthritis, Status post laminectomy and fusion, Status post right wrist ganglionectomy Treatment to date: medication management, activity modification, chiropractic therapy. The patient does not appear to have a diagnosis of moderately to severely active rheumatoid arthritis. There does not appear to be evidence that the patient has had an inadequate response or intolerance to methotrexate.

IMR ISSUES, DECISIONS AND RATIONALES

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

XELJANZ 5MG BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.dailymed.nlm.nih.gov "Xeljanz"FDA (Xeljanz).

Decision rationale: CA MTUS and ODG do not address this issue. According to the National Institutes of Health, "XELJANZ (tofacitinib) is an inhibitor of Janus kinases (JAKs) indicated for the treatment of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to methotrexate." It may be used as monotherapy or in combination with methotrexate or other nonbiologic disease-modifying antirheumatic drugs (DMARDs). In a 7/9/13 progress note, it is documented that the patient has been taking a DMARD Simponi (golimumab) and high-dose methotrexate and her rheumatoid arthritis is no longer being controlled by the medications. However, according to the FDA prescribing guidelines, Xeljanz is associated with serious infections leading to hospitalization or death, including tuberculosis and bacterial invasive fungal, viral, and other opportunistic infections. Prior to starting Xeljanz, a test for latent tuberculosis is required; if it is positive, start treatment for tuberculosis prior to starting Xeljanz. There is no documentation in the reports reviewed, that testing for tuberculosis has been acknowledged. Therefore, the request for Xeljanz 5 mg BID #60 was not medically necessary.