

<b>Case Number:</b>	CM14-0024097		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Internal 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:

The patient is a 60 -year-old male who was injured on 07/31/2001. The mechanism of injury is unknown. Prior medication history included Enbrel as of 07/26/2013. Progress report dated 12/20/2013 states the patient continues to complain of total body pain, chronic pain, difficulty sleeping, morning gel phenomenon, right thumb pain with swelling and triggering. Objective findings on exam revealed normal neurologic examination. There is 1st digit right triggering and right carpometacarpal tenderness. He was diagnosed with rheumatoid arthritis and acute gouty arthropathy. The treatment and plan included Flurbiprofen, Enbrel, naproxen, Prilosec, and tramadol topical. Prior utilization review dated 01/14/2014 states the request for Enbrel injections is denied as there is no established use of Enbrel providing functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENBREL 50MG/ML SIG: ONE INJECTIONS ONCE A WEEK, #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), 2014, Low Back (Lumbar & Thoracic), Tumor necrosis factor (TNF) modifiers, Etanercept (Enbrel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic), Tumor necrosis factor (TNF) modifiers.

**Decision rationale:** CA MTUS guidelines do not discuss the issue. The ODG guidelines do not recommend tumor necrosis factor modifiers. The guidelines state that long-term results have not supported a consistent positive recommendation. The clinical documents state the patient has been on Enbrel, however the patient appears to remain symptomatic. The patient continued to complain of total body pain and chronic fatigue while on Enbrel. The patient did not show significant functional improvements while on Enbrel. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.