

Case Number:	CM14-0027464		
Date Assigned:	03/07/2014	Date of Injury:	03/29/2006
Decision Date:	05/20/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 46 year old female dental worker with a date of injury on 03/29/2006. She is receiving treatment for chronic hepatitis C, genotype 1. She was treated for this condition in 2006 and again in 2011 with interferone, ribavarin and bociprivir. On 08/16/2013 the viral load was elevated. On 12/18/2013 a liver biopsy revealed grade 1 of 4 activities with minimal fibrosis. However, she had a high viral load. The liver function tests were negative. The treatment with interferone, ribavarin and bociprivir failed. On 01/06/2014 she had fatigue. Combination interferone with ribavarin were again requested and were certified as treatment for hepatitis C. Solvaldi was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION SOLVALDI 400MG, #2: Overturned

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 Solvaldi FDA approved packet insert

Decision rationale: It is the FDA that decides if a drug product is safe and effective treatment and is therefore available on the US market. The patient has chronic hepatitis C and has failed

two treatment regimens. She has fatigue and continues to have high viral loads. There are no MTUS, ACOEM guidelines relative to the treatment of chronic hepatitis C which is evolving. The patient is attending hepatitis C clinic and is being followed by a gastroenterologist. The requested treatment of pegulated interferone, ribavirin and Sovaldi is consistent with the FDA approved packet insert of Solvaldi for the use of combination treatment of hepatitis C, genotype I. The request is medically necessary and appropriate.