

Case Number:	CM14-0087790		
Date Assigned:	07/23/2014	Date of Injury:	05/17/1990
Decision Date:	09/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 57-year-old male who reported an injury on 05/17/1990; the mechanism of injury was not provided. On 03/31/2014, the injured worker presented for a followup. Current medications included Omeprazole, Remicade, Lialda, and Loperamide. Upon examination, the injured worker's blood pressure was 133/83 with a pulse of 70, regular rate and rhythm, with a weight of 206 pounds, and a height of 5 feet and 10 inches. The injured worker appeared well-nourished and in no acute distress, and oriented to time, place, and person. The diagnoses were colon polyps, GERD, internal hemorrhoids, osteoarthritis, and ulcerative colitis. The provider recommended 1 year of Remicade infusion; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year of Remicade infusion 5mg/kg every 8 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tumor Necrosis Factor (TNF).

Decision rationale: The request for 1 year of Remicade infusion 5 mg/kg every 8 weeks is not medically necessary. The Official Disability Guidelines do not recommend Remicade, tumor and necrosis factor, or TNF modifiers. Long term results have not supported a consistent positive recommendation. TNF modifiers interfere with specific components of TNF, a powerful immune factor that is important in the inflammatory process and may play a role in nerve dysfunction and pain that occurs in sciatica. More research is warranted. As the guidelines do not recommend TNF modifiers, Remicade would not be warranted. Additionally, a complete and adequate assessment of the injured worker was not provided, including deficits, to warrant a Remicade infusion. There is a lack of exceptional factors to approve Remicade infusion outside the guideline recommendations. As such, the request is not medically necessary.