

Case Number:	CM14-0093879		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2005
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 42-year-old female who reported an injury on 08/31/2005. The diagnosis includes ankylosing spondylosis. The previous treatments included medication, physical therapy, occupational therapy, acupuncture, and sacroiliac injections. Within the clinical note dated 03/13/2014, it was reported the injured worker complained of being hospitalized for 8 days. The injured worker complained of pain in her lower rib cage on the right side from anterior to posterior. She reported difficulty breathing. The injured worker complained of tendinitis pain in the right forearm with the use of a walker. On the physical examination, the provider noted the injured worker had multiple areas of tenderness to palpation over the costochondral joints in the anterolateral rib cage (area below diaphragm, in particular), right greater than left, although less sensation to exam than last week. The provider noted the injured worker had tenderness to palpation of tendinitis in the bilateral extensor tendon, right greater than left, extending into the wrist. The provider indicated the injured worker had increased tenderness to palpation over the right lateral epicondyle, tenderness to palpation of the bilateral sacroiliac joint and the upper outer buttock area bilaterally over the trochanters. The request submitted is for outpatient infliximab infusion; however, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Infliximab infusion, 30 units (amount will vary with body weight), infused over 4 hours, every 6 weeks (unless there is a need to adjust infusion intervals), QTY: 10:
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 Official Disability Guidelines (ODG), Low Back, Tumor necrosis factor (TNF) modifiers.

Decision rationale: The Request for an Outpatient infliximab infusion, 30 units (amount will vary with body weight), infused over 4 hours, every 6 weeks (unless there is a need to adjust infusion intervals), quantity 10. The Official Disability Guidelines do not recommend tumor necrosis factor modifiers as long term results have not supported a consistent positive recommendation. Tumor necrosis factor modifiers interfere with specific components of tumor necrosis factor, a powerful immune factor that is important in the inflammatory process and may play a role in nerve dysfunction in pain that occurs in sciatica. For sciatica, evidence has been accumulating in favor of local inflammation rather than pathology resulting from nerve compression. Infliximab (Remicade) are injectable drugs that block the effects of tumor necrosis factor alpha. Disc herniations and sciatica are off label uses but using it for ankylosing spondylosis is FDA approved. Serious infections, particularly tuberculosis, are recognized risks for injured workers receiving these drugs and warnings to that effect are prominent in product monographs. Long term results of this randomized trial do not support the use of infliximab compared with placebo for lumbar radicular pain in injured workers with a disc hernia induced sciatica. The tumor necrosis factor inhibitor, adalimumab, may be helpful as an adjunct treatment of sciatica according to the recent RCT. The use of tumor necrosis factor blocking agents to treat radiculopathy associated with disc herniation is a topic of current interest because of the debated pathophysiological role of proinflammatory cytokines in the development of radiculopathy induced by disc herniations. There is lack of clinical documentation indicating the injured worker's previous course of infliximab infusions, along with the efficacy of the previous infusions. The injured worker reported Remicade injections had not been helpful as much as in the past which would not warrant the medical necessity for additional injections. Therefore, the request is not medically necessary.