

Case Number:	CM14-0092520		
Date Assigned:	07/25/2014	Date of Injury:	05/23/2001
Decision Date:	01/08/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family 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 injured worker is a 49-year old male whom experienced an industrial injury 05/23/01. He complained of low back, bilateral knee, elbows, and wrist pain. Upon examination on 05/30/14, the patient complained of pain still in the low back, bilateral knee, elbows, and wrist pain. Objectively, the physician noted the injured worker had lumbar spine spasms and tenderness, he was unable to walk on his heels and toes, there was erythema to both elbows, there were nodules to both wrists, and range of motion was restricted with ulnar deviation and radial deviation limited due to pain. There was a Qualified Medical Evaluation (QME) report dated 05/12/14 which noted the injured worker's medical condition of rheumatoid arthritis was non-industrial related. His medical history revealed he had continued rheumatoid arthritis and fibromyalgia with industrial aggravation. Reference to treatment recommendations for the request for authorization of Methotrexate, its drug classification of anti-metabolite was not addressed in resources such as the Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG), or Chronic Pain Medical Treatment Guidelines since it is routinely prescribed for the pre-existing medical condition of rheumatoid arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methotrexate 2.5 mg 4 tabs weekly #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.medicinenet.com/methotrexate/article.htm>

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: Therapies for Active Rheumatoid Arthritis after Methotrexate Failure

Decision rationale: No section of the MTUS was applicable. Per the strength of evidence hierarchy established by the California Department of Industrial Relations Division of Worker's Compensation, the reviewer based his decision on the following study: Therapies for Active Rheumatoid Arthritis after Methotrexate Failure (N Engl J Med 2013; 369:307-318 July 25, 2013 DOI: 10.1056/NEJMoa1303006). Rheumatoid arthritis (RA) is not occupationally related. So although the medication may be medically necessary for the treatment of rheumatoid arthritis, it will be considered not medically necessary for this patient due to lack of causation from a worker compensation perspective. Therefore, this request is not medically necessary.