

Case Number:	CM15-0134899		
Date Assigned:	07/23/2015	Date of Injury:	07/31/2001
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 61-year-old male who sustained an industrial injury on 7/31/01. Per Utilization Review, the injury was to multiple body parts including bilateral shoulders and lower extremities from cumulative trauma the result of heavy lifting. He currently complained of total body pain, chronic fatigue, problems sleeping. On physical exam, there were rheumatoid arthritis deformities of the hands and wrists. Prior skin lesions are better since stopping Xeljans. Medications were Voltaren, uloric, Omeprazole topical cream. Diagnoses include rheumatoid arthritis; acute gouty arthritis; long-term use of medications. In the progress note dated 6/17/15, the treating provider's plan of care includes to restart Enbrel auto injects once per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Enbrel injections 50mg/ml, one injection every week: 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), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-16772/enbrel-subq/details>.

Decision rationale: The requested Enbrel injections 50mg/ml, one injection every week, are not medically necessary. CA MTUS and ODG are silent on this medication. <http://www.webmd.com/drugs/2/drug-16772/enbrel-subq/details> noted that this medication is recommended to treat variopus types of arthritis. The injured worker has total body pain, chronic fatigue, problems sleeping. On physical exam, there were rheumatoid arthritis deformities of the hands and wrists. Prior skin lesions are better since stopping Xeljans. The treating physician has documented diagnoses of rheumatoid and gouty arthritis. The treating physician has not sufficiently documented objective evidence of functional improvement from previous use of this medication. The criteria noted above not having been met, Enbrel injections 50mg/ml, one injection every week are not medically necessary.