

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0137564 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 11/08/2012 |
| <b>Decision Date:</b> | 09/22/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 42 year old female with an industrial injury dated 11/08/2012. The injured worker's diagnoses include dermatomyositis, reported exposure to spray at work with subsequent onset of rash in the exposed body parts, myopathy due to dermatomyositis and or steroid induced, antral gastritis; gastroesophageal reflux disease likely secondary to chronic oral steroid use and anxiety, depression and difficulty sleeping. Treatment consisted of diagnostic studies, prescribed medications, Privigen fusions, skin biopsy, echocardiogram and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported persistent weakness in the right arm and leg muscles and sensation of "hardness" in her thigh muscles. Objective findings revealed facial heliotrope rash, erythematous rash involving neck and upper chest, erythematous maculopapular rash in her forearms, marked erythema of the dorsum of the hands with Gottron's papules and violaceous macules and papules in bilateral lower extremities. The treating physician prescribed services for Gamunex Infusion x 5, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gamunex Infusion x 5:** Upheld

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

<http://www.bcbmg.com/bcbmg/apps/policysearch/views;>  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdadruinform.cfm?archiveid=2777;>  
<http://drugs.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Treatment of recurrent and resistant dermatomyositis and polymyositis in adults.

**Decision rationale:** The injured worker is a 42 year old female with an industrial injury dated 11/08/2012. The injured worker's diagnoses include dermatomyositis and she is status post several courses of IV immunoglobulin (gamunex) with her 7th course in May 2015. She then had muscle spasms and the treatment was on hold . For dermatomyositis, immunoglobulin is a reasonable second-line therapy for patients with refractory disease. The 2012 American Academy of Neurology guidelines support the use of IVIG in refractory cases, but found insufficient evidence to support or refute its use in polymyositis. In this injured worker, the efficacy of prior gamunex is not documented in the records with documentation of side effects. The medical necessity of gamunex infusion x 5 is not substantiated in the records.