

<b>Case Number:</b>	CM15-0137989		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 54-year-old male with an industrial injury dated 11/01/2001. The injured worker's diagnosis includes chronic hepatitis C. Treatment consisted of laboratory studies, computed tomography, upper endoscopy, prescribed medications, gastroenterologist consultation and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker presented for follow up of Hepatitis C virus (HCV) infection. Documentation noted that the injured worker had nodularity on the liver consistent with cirrhosis. The treating physician reported that the Computed tomography dated 4/20/2015 revealed cirrhotic liver, patent portal system, sub 15mm hypodense foci in the medial and lateral segments of the left lobe, and small splenorenal varices. Upper endoscopy dated 05/21/2015 revealed nodular bulb in duodenum likely due to hypertrophied brunner glands and slight erythema at the gastrointestinal junction suggestive of reflux esophagitis. Treatment plan consisted of weight reduction, labs, medication management and follow up visit. The treating physician prescribed services for weekly SQ injections of Procrit (if develops anemia or becomes symptomatic to anemia), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly SQ injections of Procrit (if develops anemia or becomes symptomatic to anemia):**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines - Infectious Diseases updated 6/08/15 - Ribavirin (RBV).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Drug information, Procrit.

**Decision rationale:** The MTUS is silent regarding the use of Procrit for anemia. According to UpToDate.com, procrit is FDA approved for treatment of anemia due to concurrent myelosuppressive chemotherapy in patients with cancer (nonmyeloid malignancies) receiving chemotherapy (palliative intent) for a planned minimum of 2 additional months of chemotherapy; treatment of anemia due to chronic kidney disease (including patients on dialysis and not on dialysis) to decrease the need for RBC transfusion; treatment of anemia associated with HIV (zidovudine) therapy when endogenous erythropoietin levels 500 mUnits/mL; reduction of allogeneic RBC transfusion for elective, noncardiac, nonvascular surgery when perioperative hemoglobin is >10 to 13 g/dL and there is a high risk for blood loss. In this case, the patient does not have cancer, HIV, documented kidney disease. The documentation doesn't show recent lab results that would indicate his hemoglobin level is low enough to warrant treatment with Procrit. The request for Procrit is not medically necessary.