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| Case Number: | CM15-0199791 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 11-8-2012. Medical records indicate the worker is undergoing treatment for dermatomyositis. A progress report dated 6-25-2015, reported the injured worker complained of worsened muscle spasm and decreased ability to walk, get out of a chair or ascend stairs. Physical examination revealed no active synovitis with full range of motion in all joints. Subjective complaints on 7-9-2015 included diffuse rash and weakness in her arms and legs. Treatment to date has included physical therapy, IVIG and medication management. On 9-1-2015, the Request for Authorization requested Rituxan infusion-2. On 9-16-2015, the Utilization Review noncertified the request for Rituxan infusion-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rituxan infusion (2): Upheld

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

<http://dailymed.nlm.nih.gov/dailmed/druginfo.cfm?setid=b172773b-3905-4a1c-ad95-bab4b6126583>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, rituxan.

Decision rationale: The California MTUS and the ACOEM do not directly address the requested service. The physician desk reference states the requested medication is FDA approved in the treatment of leukemia and non-Hodgkin's lymphoma. The patient has the diagnosis of dermatomyositis. This is not a FDA indication. Therefore, the request is not medically necessary.