

<b>Case Number:</b>	CM15-0023866		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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, who sustained an industrial injury on 9/9/11. He has reported pain in the right shoulder and left knee. The diagnoses have included right shoulder impingement, rheumatoid arthritis, status post arthroscopic surgery to the left shoulder and left knee derangement. Treatment to date has included MRI of the right shoulder, cortisone injections and oral medications. As of the PR2 dated 4/17/14, the injured worker reports severe pain in the right shoulder and swelling in the left knee. The treating physician performed a cortisone injection into the left knee and recommended that the injured worker follow up with a rheumatologist. The treating physician requested Xeljanz 5mg #60 x 3 refills and Vitamin D 1000iu #30 x 3 refills. On 1/20/15 Utilization Review modified a request for Xeljanz 5mg #60 x 3 refills to Xeljanz 5mg #60 x 2 refills and Vitamin D 1000iu #30 x 3 refills to Vitamin D 1000iu #30 x 2 refills. The utilization review physician cited the ODG guidelines and Medscape.com. On 2/3/15, the injured worker submitted an application for IMR for review of Xeljanz 5mg #60 x 3 refills and Vitamin D 1000iu #30 x 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xeljanz 5mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.Medscape.com](http://www.Medscape.com).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 204-5, 338.

**Decision rationale:** This 49 year old male has complained of right shoulder and left knee pain since date of injury 9/9/11. He has been treated with physical therapy, cortisone injections, left shoulder arthroscopic surgery and medications. The current request is for Xeljanz. Per the MTUS guidelines cited above, Xeljanz is not recommended for the treatment of shoulder or knee pain. On the basis of the available medical records and per the MTUS guidelines cited above, Xeljanz is not indicated as medically necessary.

**Vitamin D (Cholecalciferol) 1000 unit #30 with 3 refills:** 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-TWC), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 204-5, 338.

**Decision rationale:** This 49 year old male has complained of right shoulder and left knee pain since date of injury 9/9/11. He has been treated with physical therapy, cortisone injections, left shoulder arthroscopic surgery and medications. The current request is for Vitamin D. Per the MTUS guidelines cited above, Vitamin D is not recommended for the treatment of shoulder or knee pain. On the basis of the available medical records and per the MTUS guidelines cited above, Vitamin D is not indicated as medically necessary.