

Case Number:	CM15-0042288		
Date Assigned:	03/12/2015	Date of Injury:	03/03/1985
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 62-year-old female who sustained a work related injury on March 3, 1985. She was diagnosed with chronic right foot postoperative pain. Treatment included pain medications and rheumatoid arthritis medication. Currently, the injured worker complained of foot pain, right great toe and right wrist pain. She has a history of rheumatoid arthritis, tenosynovitis of the foot and ankle and osteoporosis. Treatment included pain medications and pain gel and anti-inflammatory drugs. She was diagnosed with right second metacarpophalangeal joint and right big toe tenderness and swelling. Authorization was requested for the medication, Cimiza for a current treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cimiza 3ml 200mg once a month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Certolizumab Pegol (Cimzia) Number: 0761.

Decision rationale: This patient presents with rheumatoid arthritis, tenosynovitis of foot and ankle, adverse, osteoporosis, and chronic right foot post-operative pain. The request is for CIMZIA 3ml 200mg once a month on 02/11/15. The work status is unknown. MTUS, ACOEM, and ODG guidelines do not address regarding CIMZIA. Cimzia is a tumor necrosis factor blocker used for Crohn's and moderately severe rheumatoid arthritis, and FDA approved since 2008. AETNA guidelines do support this medication for moderately severe rheumatoid arthritis with one of the studies showing benefit by 24 weeks of treatment with diminished progression of joint deterioration. In this case, the patient has been taking CIMZIA since August 2014 per 02/03/15 report. On the same report, the treater noted that the patient has used Cimzia for over 4 or 5 months, and has not seen much of a difference yet; and pain is still ongoing. However, it may take up to 6 months before symptom improvement can be noted, and furthermore, there is evidence that Cimzia reduce joint deterioration of RA. The continued use of this medication IS medically necessary for this patient's Rheumatoid Arthritic condition.