MAXIMUS Federal Services

Case Number:	CM15-0064031		
Date Assigned:	04/10/2015	Date of Injury:	04/28/2001
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
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 52 year old male who sustained an industrial injury on 4/28/01. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having cervical radiculopathy, cervical spine disc bulge, thoracic spine strain, lumbar spine disc rupture, right shoulder strain, chronic pain syndrome and headache. Treatments to date have included injection; status post left shoulder surgery, psychotherapy treatment, activity modification and oral pain medication. Currently, the injured worker complains of pain in the neck and lower back. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Harvoni 90mg/400mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/harvoni.html.

Decision rationale: Pursuant to drugs.com, Harvoni 90mg/400 mg (12 week supply) is not medically necessary. Harvoni is used to treat chronic hepatitis C virus (HCV) infection in certain patients. Harvoni is a combination of 2 hepatitis C virus (HCV) antiviral agents. It reduces the amount of HCV in the body by preventing the spread of the HCV within the body. See the attached link for additional details. In this case, the injured worker's working diagnoses are chronic hepatitis C, status post liver transplant, cervical radiculopathy, headache, and chronic pain syndrome. There is an office/clinic visit dated December 22, 2014 that contains one of two pages. The utilization review provided the additional documentation required in the analysis. The documentation in the medical record shows the injured worker was treated for chronic pain as well as hepatitis C. The injured worker's past medical history is notable for a liver transplant in July 2014. A progress note dated December 22, 2014, the injured worker was doing well and physical examination or objective findings were unremarkable. The injured worker was anemic and what unlikely response to Ribavirin. The provider requested a trial of 12 weeks of Harvoni. Harvoni is indicated for the treatment of chronic hepatitis genotype 1 infection. The recommended dosage is one tablet orally once daily. The guidelines recommend antiviral therapy for all patients with chronic hepatitis C infections. There is a request in the medical record for 12 weeks of treatment. Utilization review recommended once a day intervention with follow-up in six weeks. As a result, a six-week supply was determined medically necessary. #42 tablets were certified for the injured worker. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Harvoni 90mg/400 mg (12 week supply) is not medically necessary.