MAXIMUS Federal Services

| Case Number: | CM15-0075633 | | |
|---|---|---|---|
| Date Assigned: | 04/27/2015 | Date of Injury: | 06/29/2005 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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: 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 63 year old male, who sustained an industrial injury on June 29, 2005. The injured worker was diagnosed as having lightheadedness, coronary artery disease (CAD), chest pain hypertension and diabetes. Treatment and diagnostic studies to date have included cardiac catheterization, myocardial perfusion study, echocardiogram and CTA. A cardiovascular consultation note dated March 23, 2015 the injured worker complains of lightheadedness when standing up. Physical exam notes no adventitious lung or heart findings. Cardiovascular diagnostic studies were reviewed. The plan includes iron infusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Iron Infusion with Venofer Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/venofer-drug.htm.Venofer.

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

**Decision rationale:** Intravenous iron is effective for those unresponsive to or intolerant of oral iron. Published evidence supports the consideration of intravenous iron as an early option for those with inflammatory bowel disease (IBD). Intravenous iron is considered frontline therapy in Europe for iron deficiency anemia associated with IBD with or without oral iron intolerance or ineffectiveness. For patients with chemotherapy-induced anemia, NCCN Guidelines state that intravenous iron is the preferred route when iron supplementation is indicated, and K/DOQI guidelines indicate its use for iron replacement in dialysis patients. There is no specific indication for the requested iron infusion therapy. Medical necessity for the requested item is not established. The requested item is not medically necessary.