SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF ORANGE

GILLEN WASHINGTON, an individual,

Plaintiff,

vs.

AETNA INC., a Connecticut corporation; AETNA LIFE INSURANCE COMPANY, a Massachusetts corporation; and DOES 1 through 100, inclusive,

Defendants.

Case No. 30-2015-00811734-CU-BC-CJC

DEPOSITION OF
JAY KEN IINUMA, M.D.

DATE: October 13, 2016

REPORTER: Anabele Montgomery

LOCATION: Pasadena, California

HINES REPORTERS
INTERNATIONAL TOWER
888 S. FIGUEROA STREET, SUITE 840, LOS ANGELES, CA 90017
866.432.4300
WWW.HINESREPORTERS.COM

1
2
3 SUPERIOR COURT OF THE STATE OF CALIFORNIA
4 FOR THE COUNTY OF ORANGE, CENTRAL JUSTICE CENTER
5
6
GILLEN WASHINGTON, an individual,)
7)
Plaintiff,)
8)
vs.)CASE NO. 30-2015-00811734
9) CU-BC-CJC
AETNA INC., a Connecticut)
10 corporation; AETNA LIFE INSURANCE)
COMPANY, a Massachusetts)
11 corporation; and DOES 1 through)
100, inclusive,)
12)
Defendants.)
13 ___________________________________)
14 VIDEO DEPOSITION OF
JAY KEN IINUMA, M.D.
15
16
100 East Corson Street
17 Suite 200-A
Pasadena, California 91103
18
THURSDAY, OCTOBER 13, 2016
19
ANABELE M. MONTGOMERY,
20 Certified Shorthand Reporter No. 13231
21
22
23
24
25

1 A. I would say that would be a true statement. Again, I
2 cannot give you an exact date.
3 Q. Do you have any documents related to Gillen Washington
4 in your personal possession? I assume you don't.
5 A. No, I do not. 10:43
6 Q. How did you get hired at Aetna; in other words, did
7 you see a job listing, or did you know somebody?
8 A. I saw a job listing.
9 MR. GLOVSKY: I'm going to mark as Exhibit 30 your CV,
10 which may help this. 10:44
11 (Exhibit 30 was marked for identification by the Court
12 Reporter, and a copy is attached hereto.)
13 THE WITNESS: Thank you.
14 BY MR. GLOVSKY:
15 Q. Is Exhibit 30 a true and correct copy of your 10:44
16 résumé?
17 A. Could you repeat the question, please?
18 Q. Sure. Yeah. Is Exhibit 30, which is your résumé --
19 is this a true and correct copy of your résumé?
20 A. At the time. However, presently, it doesn't reflect 10:44
21 what I do now.
22 Q. When did you prepare this?
23 A. Gosh. Sometime in 2012. I can't say when in 2012,
24 but I'm pretty sure it was 2012.
25 Q. When you joined Aetna, what were your job duties and 10:45

1 your roles?
2 A. My job duties were to oversee case management in the
3 Southern California region except for Riverside and San Diego.
4 I was directly reporting to the senior medical director and had
5 a responsibility for making decisions about precertification. 10:45
6 Q. What else?
7 A. We had rounds once a week, so I would oversee and
8 provide input on hospital days, so, basically, average length of
9 stay, outliers. I would also make decisions on appealed cases.
10 I would interact with the various IPAs in my region. 10:46
11 Utilization management oversight meetings -- that's what they're
12 called, the meetings with the different IPAs and medical
13 groups.
14 Q. Utilization management oversight meetings?
15 A. I think it was oversight meetings, yes. I don't know 10:46
16 why they named it that, but -- let's see. What else -- I would
17 have to give talks in ground rounds sometimes.
18 THE REPORTER: You "would have to give" --
19 THE WITNESS: Talks. I'm trying to remember what
20 else. Oh, also, going to plan sponsors to support the -- I 10:47
21 forgot their division, but the marketing team, I guess --
22 basically go over their claims and see what their spend was,
23 etc., help explain things, the medical terms.
24 BY MR. GLOVSKY:
25 Q. Can you tell me a little bit more about that? 10:47

1 Q. But was the goal to help people, you know, feel better
2 about their jobs and their roles at the company?
3 A. And feel motivated to, you know, work at Aetna. So --
4 Q. Do you remember any other roles or responsibilities?
5 A. I don't recall. 10:50
6 Q. How about committees? Were you on committees?
7 A. Oh, I called in to the Clinical Policy Bulletin
8 meetings, and that would be every two weeks.
9 Q. Did you -- you mentioned, I think, that you had a
10 territory? 10:51
11 A. Yes.
12 Q. What was your territory in Southern California?
13 A. All of Southern California except for Riverside and
14 San Diego. So that would go from Fresno south.
15 Q. Do you know how many millions of members were in that 10:51
16 territory?
17 A. No, I do not.
18 Q. Are you pretty confident it was millions of numbers?
19 A. I would be surprised if it wasn't.
20 Q. And it is a pretty big company. 10:51
21 A. It is.
22 Q. What was your role in overseeing case management in
23 Southern California?
24 A. The case managers -- they were largely divided by
25 hospital. So, for example, there would be a case manager 10:51

1 that -- or that -- that existed for that?
2 A. I do not recall.
3 Q. That was just part of your training?
4 A. Correct.
5 Q. Okay. So for each of these problems, you would need 11:35
6 to see medical records that establish that they -- that the
7 patient qualified for the -- the -- the indication that's
8 listed, like, for example, agammaglobulinemia as the first one.
9 You'd need to see evidence of that within the last six
10 months; is that right? 11:36
11 A. No. Because the first part of this question was I'd
12 have to review medical records, and that's not true because the
13 nurse preparing the case would look through the medical
14 director -- medical records and provide me with the information
15 required, such as lab values. So -- so that's why I had to make 11:36
16 a little correction there.
17 Q. So you wouldn't have to look at the records yourself
18 because the nurse had already done that for you?
19 A. Because the pertinent information was provided by the
20 nurse -- 11:36
21 Q. Right.
22 A. -- who reviewed the medical records.
23 Q. Right. And was that your, you know, pattern of
24 practice in reviewing requests -- did that -- that you wouldn't
25 have to look at the medical records if the nurse had already 11:37

1 provided that information to you?
2 A. For the most part, yes. I mean -- well, no, for --
3 yes.
4 Q. And what I was a little confused about is --
5 A. Uh-huh. 11:37
6 Q. -- you mentioned that you would need, you know, to see
7 "recent lab values" -- meaning, within the last six months --
8 A. Correct.
9 Q. -- correct?
10 So you would need, for example, on Number 1, 11:37
11 agammaglobulinemia, in order to authorize IVIG for, let's say,
12 common variable immunodeficiency, with someone who had
13 agammaglobulinemia, you would need to see medical records
14 showing a IgG level within the last six months of less than
15 200 mg/dL? Would that -- 11:37
16 MS. RICHARDSON: Objection. Vague and ambiguous to
17 the extent --
18 MR. GLOVSKY: Is it --
19 MS. RICHARDSON: -- it misstates testimony.
20 BY MR. GLOVSKY: 11:37
21 Q. Is that --
22 A. Uh-huh.
23 Q. -- the way the process worked?
24 A. Yes.
25 Q. And was that also true, the same process for sort of 11:38

1 talking about here, where you would not need to see medical
2 records showing these indications within the past six months?
3 MS. RICHARDSON: Objection. Vague and ambiguous.
4 THE WITNESS: That's -- that question has parts of it
5 that are not true, because you said, "medical records." Because 11:39
6 I wouldn't look at the medical records. I'd look at what the
7 nurse provided, the information that the nurse provided. So --
8 BY MR. GLOVSKY:
9 Q. Right. In what percentage -- well, let me back up.
10 So if the nurse that was providing information had 11:39
11 already gone through the medical records, provided you with the
12 lab values or that lab values were missing, then you would have
13 no need to go through the records; is that right?
14 A. Or I can call the nurse and ask them to look
15 specifically for it. 11:40
16 Q. Right. How would you decide on your own when to
17 actually review the medical records versus relying on what the
18 nurse at Aetna had prepared for you?
19 A. What percentage?
20 Q. I mean, like, did you ever look at medical records or 11:40
21 basically whenever --
22 A. No, I did not.
23 Q. Okay. So as part of your custom and practice in
24 making decisions, you would rely on what the nurse had prepared
25 for you? 11:40

1 A. Correct.
2 Q. Instead of actually looking at yourself the medical
3 records?
4 A. Correct.
5 Q. And was that throughout your -- your years at Aetna? 11:40
6 A. My tenure, yes.
7 Q. Was that how you were trained to do it when you
8 joined -- first joined Aetna?
9 A. To my recollection, yes.
10 MR. GLOVSKY: Okay. Let's go off the record and take 11:40
11 a break because we try to do that every hour, hour and a half or
12 so.
13 THE WITNESS: Thank you.
14 MR. GLOVSKY: Yeah. We'll take ten minutes for, you
15 know -- so we'll go off the record. 11:40
16 THE WITNESS: Thank you.
17 THE VIDEOGRAPHER: This marks --
18 MR. GLOVSKY: Sure.
19 THE VIDEOGRAPHER: -- the end of Media Number 1.
20 We're going off the record at 11:41 a.m. 11:41
21 (Recess.)
22 THE VIDEOGRAPHER: We are back on the record, and this
23 marks the beginning of Media Number 2 in the deposition of Jay
24 Iimuba [sic], M.D. The time is 12:10 p.m.
25 // 12:10

1 information to see how it applies to the criteria and render a
2 decision.
3 Q. And is that essentially the -- the process?
4 A. That is the process.
5 Q. And was that the same process that you would follow 12:13
6 for appeals, or would that be different?
7 A. Yes, that would be the same process. Uh-huh.
8 Q. Were there any differences between how you -- did you
9 work on appeals versus precertification, or was it essentially
10 the same? 12:13
11 A. Essentially the same. Uh-huh.
12 Q. In your work on reviewing requests for
13 precertification, would you do everything online, or would you,
14 for example, have conversations with the nurse who worked at
15 Aetna who summarized the medical records? 12:14
16 MS. RICHARDSON: Objection. Vague and ambiguous.
17 THE WITNESS: I would primarily, a vast majority of
18 the time, work online --
19 MR. GLOVSKY: I mean --
20 THE WITNESS: -- because the information provided was 12:14
21 all I needed because they provided me with the salient
22 information which I required to make a decision.
23 BY MR. GLOVSKY:
24 Q. So would it be fair to say that you essentially did
25 almost all your work online? 12:14

1 A. That is correct.
2 Q. Were there any circumstances that you can remember
3 where you would actually call the nurse? Like, in this case --
4 A. Uh-huh.
5 Q. -- I see that it was someone named "Tanita Coleman." 12:14
6 Would -- can you remember any circumstances where you
7 would actually call the nurse, or was that just something that
8 you didn't -- you didn't needed to do?
9 A. There would be instances where I would call. It would
10 be rare. And almost always, the salient information was already 12:15
11 there. I just wanted to be sure. So -- and I can't give you
12 specifics because --
13 Q. You don't remember any?
14 A. I don't recall. Yeah.
15 Q. Would you say that, you know -- how often, say, in a 12:15
16 month, just on average, would you, in doing a review of a
17 request for precertification, have to call a nurse?
18 A. Uh-huh. Zero to one. It --
19 THE REPORTER: Could you repeat your answer?
20 THE WITNESS: Zero to one. 12:15
21 THE REPORTER: Thank you.
22 THE WITNESS: It would be particularly rare.
23 BY MR. GLOVSKY:
24 Q. And I know we're just estimating, but how many
25 cases -- if we look at the cases that you would work on in an 12:16

1 A. -- because a lot of people say "general practice," and
2 that's -- that's completely wrong. But family, that -- yeah,
3 thank you for noticing.
4 Q. Yeah. So I'm going to ask you a couple of questions
5 about common variable immunodeficiency, you know, with the 13:04
6 understanding that you're not a specialist.
7 A. Uh-huh.
8 Q. So I'm just asking these to -- to get a sense of what,
9 you know, your knowledge has been --
10 A. Uh-huh. 13:04
11 Q. -- you know, since around 2014. And you may not know
12 some of the answers because you're not a specialist, but I'm
13 just asking to --
14 A. I understand.
15 Q. What is the standard treatment for patients that have 13:04
16 commi- -- commun- -- have CVID, common variable
17 immunodeficiency?
18 A. Standard treatment? Standard treatment, I, you
19 know -- I can't answer that because I don't know, necessarily.
20 But IVIG at the time, 2014, I don't -- I would imagine that 13:04
21 would be the drug of choice.
22 Q. Is it fair to say that you're not sure?
23 A. Yes.
24 Q. What other treatments, what other standard treatments,
25 if any, were there for common variable immunodeficiency other 13:05

1 than IVIG?
2 A. I'm not sure.
3 Q. Do you know what the symptoms of common variable
4 immunodeficiency are?
5 A. I'm not sure. 13:05
6 Q. Do you know what the half-life of gamma globulin is?
7 A. Half-life?
8 Q. Yeah.
9 A. I'm not sure.
10 Q. Do you know what happens if you stop giving gamma 13:05
11 globulin or IVIG to a patient with common variable
12 immunodeficiency?
13 A. Do I know what happens? Again, I'm not sure. I don't
14 treat -- I don't treat it.
15 MS. RICHARDSON: Objection. Calls for speculation. 13:06
16 THE WITNESS: I don't -- I don't -- again, I'm not
17 sure.
18 BY MR. GLOVSKY:
19 Q. Have you treated any patients with common variable
20 immunodeficiency or hypogammaglobulinemia? 13:06
21 A. No.
22 Q. When you had the chance to look at the medical records
23 for Gillen Washington in preparation for the deposition, did you
24 notice any IgG levels in the medical records?
25 A. Yes. I don't know what that value was, but if memory 13:06