MAXIMUS Federal Services

Case Number:	CM13-0024434		
Date Assigned:	11/20/2013	Date of Injury:	08/20/1993
Decision Date:	01/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a represented [redacted] employee who has filed a claim for chronic low back pain, hip pain, and sacroiliac joint pain reportedly associated with an industrial injury of August 20, 1993. Thus far, the employee has been treated with the following: Analgesic medications; multilevel lumbar fusion surgery at L3-S1; transfer of care to and from various providers in various specialties; and subsequent diagnosis with a postoperative osteoporosis; and broken pedicle screws. In a utilization review report of September 9, 2013, the claims administrator denied the request for Forteo, a medication for osteoporosis, citing lack of time and supporting information. An earlier note of August 21, 2013 is notable for comments that the employee has CT scanning of the lumbar spine which demonstrates moderate stenosis at L2-L3 and L1-L2. Fusion hardware is also noted. Severe osteoporosis is also appreciated. An earlier x-ray of July 3, 2013 is notable for fusion at L3-S1, breakage of screw at L4, and severe degeneration at L2-L3. A CT scan of August 21, 2013 is officially read as showing features of demineralization about the lumbar spine and associated degeneration without acute fracture appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

I prescription of Forteo 600mg/2.4mil per with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Forteo. http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM173371.pdf.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Forteo is indicated in the treatment of decreased bone mass, osteoporosis, and/or individuals with an increased risk factor for fracture. In this case, the employee does have radiographic evidence of bone demineralization/osteoporosis for which Forteo is indicated. The request for 1 prescription of Forteo 600mg/2.4mil per with 3 refills are medically necessary and appropriate.