

Case Number:	CM13-0036178		
Date Assigned:	12/13/2013	Date of Injury:	11/16/1994
Decision Date:	02/15/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland and Washington, DC. 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:

This is an 83 year old male who sustained an industrial injury from a heart attack while at work on 11/16/1994. The medical record dated 07/03/13 from ██████ states that the Myoview polar maps are normal with no reversal seen. The gated wall motion study is normal with an ejection fraction of 62%. The computerized axial tomographic graphic Myoview imaging is normal with no reperfusion changes seen. Myocardial perfusion imaging with treadmill stress showed good functional capacity. Normal heart rate response to exercise. Normal blood pressure response to exercise. No significant clinical or electrodiagnostic evidence of ischemia. No ectopy noted. Nuclear results are reported separately. Records from 08/10/13 from ██████ show intimal thickening of the right internal carotid artery. Vertebral flow is antegrade bilaterally. Records from 10/02/13 ██████ show diagnoses of coronary artery disease, osteoporosis, dry skin, rule out drug eruption, anxiety, Raynauds phenomenon, plus positional vertigo. The treatment plan included the following prescriptions: Atenolol 25mg, Norvasc 5mg, Boniva 150mg, and Cozaar 50mg. Boniva was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Boniva 150mg: Upheld

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 Medline Plus

Decision rationale: The California MTUS is mute on this topic. According to Medline Plus, Ibandronate (Boniva) is used to prevent and treat osteoporosis (a condition in which the bones become thin and weak and break easily) in women who have undergone menopause. Ibandronate is in a class of medications called bisphosphonates. It works by preventing bone breakdown and increasing bone density. Ibandronate controls osteoporosis but does not cure it. Ibandronate helps to treat and prevent osteoporosis only as long as it is taken regularly. The medical records provided essentially dealt with cardiac related studies, and did not have any bone density studies that shows significant osteoporosis that will require the requested prescription of Boniva. Hence, the request for Boniva 150 mg is not medically necessary or appropriate at this time.