

Case Number:	CM14-0118572		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2004
Decision Date:	10/02/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family 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 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/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 a 59-year-old female who reported an industrial injury to the right knee on 5/10/2004, over 10 years ago, attributed to the performance of her usual and customary job tasks reported as kneeling on a peg on a seat. The patient was treated for degenerative joint disease of the right knee. The patient was noted to have undergone multiple arthroscopies to the right knee and subsequently on 6/7/2010 she underwent a total knee arthroplasty. The patient subsequently underwent a revision total knee arthroplasty due to Arthur fibrosis pain and August deformity on 4/7/2014. A postoperative x-ray of the right knee to evaluate hardware revealed osteopenia. The treating physician recommended Fosamax for bone strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fosamax 70mg, #8.: 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 Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The prescription of Fosamax 70 mg #8 by the treating physician was made prior to evaluation the patient as to the etiology of the observed osteopenia on x-ray. Patient was diagnosed have osteoporosis; however, there was no evaluation of ongoing lifestyle factors or dietary issues. There was no evaluation of increasing weight-bearing activities to the right knee subsequent to the revision TKA or muscle strengthening exercises. There was no evaluation of calcium levels of vitamin D intake. There was no DEXA scan results, which include spine radiological series as well as hip studies to evaluate for ongoing osteoporosis. There was no evaluation of possible comorbidities that create or cause osteoporosis such as hyperparathyroidism or hyperthyroidism. As such, there is no medical necessity for Fosamax as a first-line treatment for the observed osteoporosis/osteopenia noted on x-rays postoperatively. The postoperative rehabilitation regimen would be a first step towards the treatment of the underlying osteoporosis with increase exercise and increased utilization of the right knee based on the total knee arthroplasty. Fosamax (alendronate) belongs to a group of medicines called bisphosphonates (bis FOS fo nayts). It alters the cycle of bone formation and breakdown in the body. Alendronate slows bone loss while increasing bone mass, which may prevent bone fractures. Fosamax is used in women to treat or prevent osteoporosis that is caused by menopause and in men and women to treat osteoporosis caused by taking steroids. Fosamax is also used to increase bone mass in men who have osteoporosis, and to treat Paget's disease of bone in men and women. You should not take Fosamax if you have low levels of calcium in your blood (hypocalcemia) or a problem with the movement of muscles in your esophagus. Do not take a Fosamax tablet if you cannot sit upright or stand for at least 30 minutes. Alendronate can cause serious problems in the stomach or esophagus (the tube that connects your mouth and stomach). You will need to stay upright for at least 30 minutes after taking this medication. Treatment of Osteoporosis in Postmenopausal Women-Fosamax is indicated for the treatment of osteoporosis in postmenopausal women. In postmenopausal women, Fosamax increases bone mass and reduce the incidence of fractures, including those of the hip and spine (vertebral compression fractures). Prevention of Osteoporosis in Postmenopausal Women-Fosamax is indicated for the prevention of postmenopausal osteoporosis. Treatment to Increase Bone Mass in Men with Osteoporosis-Fosamax is indicated for treatment to increase bone mass in men with osteoporosis. Treatment of Glucocorticoid-Induced Osteoporosis-Fosamax is indicated for the treatment of glucocorticoid-induced osteoporosis in men and women receiving glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and who have low bone mineral density. Treatment of Paget's disease of Bone-Fosamax is indicated for the treatment of Paget's disease of bone in men and women. Treatment is indicated in patients with Paget's disease of bone who have alkaline phosphatase at least two times the upper limit of normal, or those who are symptomatic, or those at risk for future complications from their disease. Therefore, this request is not medically necessary.