

<b>Case Number:</b>	CM14-0153004		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 48-year-old male who reported an injury on 07/09/2011. The mechanism of injury was not submitted for clinical review. The mechanism of injury was a crush injury. Diagnoses included crush injury, open left tibial and fibular fracture, ankle/foot encephalopathy, left tibial fracture, impaired sleep from chronic pain, pain induced depression, and Achilles tendonitis. Previous treatments included medication. Within the clinical note dated 08/19/2014, it was reported the injured worker complained of numbness and tingling on the lateral aspect of his foot. On the physical examination, the provider noted the injured worker had excellent stability. The request submitted is for Forteo 20mcg. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Forteo 20mcg #30:** 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: Medline Plus, Teriparatide, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603018.html>

**Decision rationale:** The request for Forteo 20mcg #30 is not medically necessary. Medline Plus notes Forteo is used to treat osteoporosis (a condition in which the bones become thin and weak and break easily) in men and in women who have undergone menopause and who are at high risk of fractures. The medication is also used to treat osteoporosis in men and women who are taking corticosteroids. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency. Therefore, the request is not medically necessary.