

Case Number:	CM14-0020412		
Date Assigned:	06/11/2014	Date of Injury:	04/26/1982
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 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 claimant was injured on 04/26/82. Reclast injections have been requested and are under review. The claimant was injured in a motor vehicle accident with multiple traumatic injuries and she has been unable to remain active. Her current osteoporosis was related to the accident. She was treated for injuries to her neck, back, bilateral lower extremities and knees, pelvis, right wrist and head. She had been receiving injections on a nonindustrial basis for osteoporosis. Her bone density tests have shown some decline in L total femur but this was not as significant as the femoral neck decline. She also has been treated with vitamin D and calcium.

IMR ISSUES, DECISIONS AND RATIONALES

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

RECLAST INJECTIONS: 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: Manufacturer's Prescribing Information.

Decision rationale: The history and documentation do not objectively support the request for Reclast injections. The claimant has been diagnosed with osteoporosis and has been receiving

treatment but her history of the disease and her history of treatment for it and response to treatment, or lack thereof, are unknown, including whether or not the osteoporosis predated her injury. The manufacturer's prescribing information states Reclast is a biphosphonate indicated for: Treatment and prevention of postmenopausal osteoporosis, treatment to increase bone mass in men with osteoporosis, treatment and prevention of glucocorticoid-induced osteoporosis, and treatment of Paget's disease of bone in men and women. This claimant does not meet these criteria. The medical necessity of the use of Reclast has not been clearly demonstrated based on the available information.