MAXIMUS Federal Services

Case Number:	CM15-0019499		
Date Assigned:	02/09/2015	Date of Injury:	03/01/2002
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 03/01/2002. The mechanism of injury was not provided. Diagnoses included generalized pain. Treatments have included a lung transplantation on 01/15/2004, medications and diagnostic studies. On 02/12/2015, it was noted that the patient was status post bilateral sequential lung transplant for usual interstitial pneumonitis associated with bronchiolitis obliterans syndrome; the injured worker also had frequent migraine headaches presumed relation to immunosuppression, while no evidence for PFO of abnormality per MRI imaging. On examination, status post transverse thoracosternotomy incision was well healed without tenderness or deformity. The lungs were clear; abdomen soft, nontender and nondistended. No anxiety or depressive features. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alendronate 70 mg QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: treatment of bone resorption.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Bisphosphonates.

Decision rationale: The request for alendronate 70 mg QTY: 4.00 is not medically necessary. The patient is postoperative lung transplant from 2004. The Official Disability Guidelines recommend treatment for bone resorption with bisphosphonate type compounds as an option for patients with CRPS type I. They are not recommended for other chronic pain conditions. There is a lack of documentation of objective findings to warrant authorization for this medication. There is lack of documentation of improvement from any previous use of this medication. There is lack of documentation as to the frequency the medication is to be used upon the request. The request is not supported. As such, the request is not medically necessary.