

Case Number:	CM15-0206371		
Date Assigned:	10/23/2015	Date of Injury:	10/07/2014
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 72 year old female who sustained an industrial injury on 10-07-2014. According to a progress report dated 08-13-2015, the injured worker was status post pelvis fracture on 10-07-2014. She reported that fatigue and pain developed during the day. Past medical history was positive for noninsulin dependent diabetes mellitus, hypothyroidism and gastroesophageal reflux disease. Medication included Levothyroxine, Metformin, Omeprazole, Glimepiride and Restasis. Objective findings included left hip flexion 0-130 degrees, abduction 0-30 degrees, internal rotation 0-30 degrees, external rotation 0-40 degrees. There was no significant discomfort on extremes of internal rotation. There was no pain on axial load of hip. Right groin tenderness on palpation was noted. Passive external rotation caused right groin pain. There were no radicular symptoms. Sensation was intact to light touch. Capillary refill was less than 3 seconds. Neurovascular was grossly intact. Assessment included left pelvis superior and inferior pubic ramus fracture and right groin exacerbation improved but therapy was recommended by the therapist. The treatment plan included possible right groin steroid injection in the future, Work status included restrictions. An authorization request dated 10-08-2015 was submitted for review. The requested services included Calcitonin Salmon 200 units SP Nasal Spray 3.7 mg. On 10-15-2015, Utilization Review non-certified the request for Calcitonin Salmon 200 units SP Nasal Spray 3.7mg #1 per 10-06-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calcitonin Salmon 200 units SP Nasal Spray 3.7mg, #1 per 10/06/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Online Version Calcitonin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Calcitonin.

Decision rationale: Calcitonin is a hormone known to participate in calcium and phosphorus metabolism. The MTUS Chronic Pain Guidelines state that calcitonin may be recommended as a treatment option for patients with CRPS Type I with a contraindication for treatment of bone resorption with a bisphosphonate, however, it is not recommended for other chronic pain conditions. Mixed results have been found with intranasal calcitonin in clinical studies. In the case of this worker, there was no stated indication for this medication and no records stating a diagnosis of CRPS Type 1. Nor was there evidence not being a candidate for a bisphosphonate. Therefore, due to there not being enough evidence for appropriateness of calcitonin, this request is not medically necessary.