

<b>Case Number:</b>	CM15-0023813		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/01/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 1, 2002. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for alendronate (Fosamax). The claims administrator incorrectly stated that the MTUS did not address the topic. The claims administrator noted that the applicant was status post lung transplantation. The claims administrator stated that the attending provider did not state for what purpose alendronate (Fosamax) was being employed here. The claims administrator referenced an RFA form received on January 5, 2015 in its determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant apparently presented to follow up on various issues, including renal insufficiency, migraine headaches, history of lung transplantation, non-melanomatous skin cancer, and chronic immunosuppressed state. The applicant's medication list included Fosamax, Diovan, Topamax, Prograf, Imitrex, Pravachol, Protonix, Lopressor, folate, Zithromax, aspirin, and Bactrim, it was acknowledged. It was not clearly stated for what purpose Fosamax was being employed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alendronate 70mg quantity 4:** 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), Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Bisphosphonates Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

**Decision rationale:** No, the request for alendronate (Fosamax) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it was being prescribed into his choice of recommendations. Here, however, the documentation on file did not clearly establish for what purpose or what diagnosis Fosamax (alendronate) was being employed. While page 25 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a role for alendronate (Fosamax) in the treatment of complex regional pain syndrome, in this case, however, it did not appear that the applicant carried a diagnosis of complex regional pain syndrome for which alendronate (Fosamax) could have been employed. Therefore, the request was not medically necessary.