

Case Number:	CM15-0085521		
Date Assigned:	05/08/2015	Date of Injury:	10/01/1991
Decision Date:	06/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 injured worker was a 56-year-old female, who sustained an industrial injury, October 1, 1991. The injury was sustained while working as a sales representative. The injured worker previously received the following treatments 4 message treatments and Valium. The injured worker was diagnosed with lumbar strain with degenerative disc disease. According to progress note of April 7, 2015, the injured workers chief complaint was back pain. The injured worker indicated the pain level was made better by massage. The physical exam noted a decrease in range of motion of the lumbar spine. There was mild tenderness with palpation of the paravertebral muscles. The sensation to the lower extremities was intact. The injured worker was able to decrease the amount of pain medication needed to control pain and spasms. The injured worker appeared to have some decreased bone mineral density, which was contributing to the injured workers symptoms. The treatment plan included a new prescription for Actonel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actonel 35mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 60. Decision based on Non-MTUS Citation Physician Reference Desk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2014. ""http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/020835s0351bl.pdf".

Decision rationale: There are no sections in the MTUS Chronic pain, ACOEM or Official Disability Guidelines that deal with this topic. As per FDA database, actonel or biphosphonates are approved for treatment of osteoporosis and Paget's disease. As per National Osteoporosis Foundation guideline, diagnosis of osteoporosis is via DEXA scan while X-rays may lead to suspicion on osteoporosis it cannot be relied upon. The provider has failed to document any imaging or any objective evidence of osteoporosis/osteopenia. National guidelines recommend other modalities such as vitamin D and other first line and conservative treatment before recommending medications such as Actonel for osteoporosis. Treatment with pharmacologic therapy may be indicated in situations where there is a high risk of fracture. The providers have failed to document any other conservative and first line treatment for osteoporosis or any evidence of claimed diagnosis. Actonel is not medically necessary.