

Case Number:	CM14-0148629		
Date Assigned:	09/18/2014	Date of Injury:	09/28/2009
Decision Date:	11/19/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old man who sustained a work related injury on September 29, 2009. Subsequently, he developed chronic low back pain. In 2011, the patient underwent a spinal surgery: L3-4, L4-5 laminectomy/decompression. According to a progress report dated August 27, 2014, the patient reported bilateral low back pain, left greater than right, radiating to the right L5 distribution, left lower extremity, and left lateral thigh. He rated his pain as a 6-9/10. The pain was associated with lower extremity weakness, stiffness of low back, spasms of low back, and interference with sleep. The patient did use Percocet (with moderate improvement), Flexeril (with mild improvement), and Cymbalta (with moderate improvement). Examination of the lumbar spine revealed tenderness over midline of lumbar spine and 1+ muscle spasm over lower paraspinal. Range of motion: lumbar spine within normal limits except for flexion which was limited to 5 degrees, extension which was limited to 0 degrees, and right side bending which was limited to 5 degrees with pain. Trigger points were not present. Straight leg raising seated was positive on the left side at 30 degrees. The patient was diagnosed with degeneration of lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, lumbosacral radiculopathy, and osteopenia. The provider requested authorization for Alendronate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alendronate 10 mg tablet qd: 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: Osteoporosis Medscape. <http://emedicine.medscape.com/article/330598-overview>

Decision rationale: According to the referenced guidelines, Alendronate inhibits osteoclast activity and bone resorption. By binding to calcium salts, alendronate blocks the transformation of calcium phosphate into hydroxyapatite and inhibits the formation, aggregation, and dissolution of hydroxyapatite crystals in bone. Alendronate increases bone mineral density (BMD) at the spine by 8% and the hip by 3.5%. It reduces the incidence of vertebral fractures by 47% and non-vertebral fractures by 50% over 3 years. Alendronate is approved for the treatment and prevention of postmenopausal osteoporosis, male osteoporosis, and glucocorticoid-induced osteoporosis. Alendronate is used for the treatment of osteoporosis. There is no documentation that the patient is suffering from osteoporosis. Therefore, the request Alendronate 10 mg tablet qd is not medically necessary.