

Case Number:	CM14-0085322		
Date Assigned:	07/23/2014	Date of Injury:	06/10/2002
Decision Date:	05/28/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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. 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: North Carolina
 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 58-year-old male, with a reported date of injury of 06/10/2002. The diagnoses include osteopenia with moderate bone fracture risk. Treatments to date have included exercise. The progress report dated 04/18/2014 indicates that the injured worker still received pain management treatment. He continued to tolerate the medications well. It was noted that his headaches were better as well as the upper gastrointestinal tract symptoms. The objective findings include alert and well oriented, well-hydrated, clear lungs, regular heart rhythm, no swelling in the extremities, and normal neurologic coordination. The treatment plan included Miacalcin on spray per nostril (alternating) per day. The treating physician requested Miacalcin nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miacalcin Nasal Spray: 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 (chronic).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the medication is indicated in patients with CRPS1 and is a third line option in the treatment of osteoporosis. The patient has the diagnosis of osteopenia. There is no a documented failure of first and second line treatment options. Therefore, the request is not medically necessary.