

Case Number:	CM15-0125364		
Date Assigned:	07/09/2015	Date of Injury:	03/07/2003
Decision Date:	08/26/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 69-year-old female who sustained an industrial injury on 03/07/2003. Diagnoses/impressions include failed back syndrome; chronic and severe low back pain; and severe bilateral lower extremity neuropathic as well as radicular pain. The bone scan on 2/27/14 showed uptake at about the L5-S1 level, suggesting abnormal motion from hardware loosening/failure. Right hip x-rays on 3/12/14 found degenerative arthropathic changes without acute osseous abnormality. Treatment to date has included medications, spinal fusion, physical therapy, spinal cord stimulator (SCS) implantation, piriformis injections and epidural steroid injections. The SCS trial provided the IW with 100% pain relief, but the permanent implant provided no relief of pain. According to the progress notes dated 4/17/15, the IW was seen for a follow-up visit. The provider noted the IW's bone density was increased from a T score of -3.9 in September 2014 to a T score of -3.5 in March 2015, after only six months on Forteo for severe osteoporosis. A request was made for Forteo 20mcg and Vitamin D to improve the IW's bone density and possibly allow for spinal fusion revision to treat her back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forteo 20 mcg: 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).

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

Decision rationale: Regarding the request for Teriparatide (Forteo), California MTUS guidelines are silent regarding the use of Teriparatide. ODG recommends its use in females with severe post-menopausal osteoporosis, males with primary or hypogonadal osteoporosis, or adults with glucocorticoid-induced osteoporosis; with T scores less than -2.5; those that have had an osteoporotic fracture; those that have failed either 2 oral bisphosphonates or 1 oral bisphosphonates plus 1 selective estrogen receptor modulator. In the documentation available for review, the patient does meet the definition of osteoporosis however they have not met the other criteria for its use. In addition, no duration for the medication is requested, and unfortunately, there is no provision to modify the current request. In absence of such documentation, the currently requested Teriparatide (forteo) is not medically necessary.

Vitamin D (dosage not given): 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), Vitamin D Chapter.

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

Decision rationale: Regarding the request for Vitamin D, California MTUS guidelines are silent regarding the use of Vitamin D. ODG recommends consideration for its use in chronic pain patients. Inadequate Vitamin D may represent an under-recognized source of pain and impaired functioning. If the physician feels this is a concern they should check a Vitamin D level. In the documentation available for review, there is no mention of a Vitamin D level for this patient. In addition, no duration or dosage for the medication is requested, and unfortunately, there is no provision to modify the current request. In absence of such documentation, the currently requested Vitamin D is not medically necessary.