

<b>Case Number:</b>	CM15-0127265		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/20/1998
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Florida, 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 injured worker is a 68 year old male, who sustained an industrial injury on 4/20/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, myofascial pain syndrome and status post lumbar fusion. Lumbar x ray showed further lumbar 1 vertebral wedging with known fusion and osteoporosis, Treatment to date has included lumbar surgery x 4, physical therapy, chiropractic care and medication management. In a progress note dated 6/2/2015, the injured worker complains of low back pain with radiation to the bilateral lower extremities, rated 6/10 with difficulty sleeping. Physical examination showed limited lumbar range of motion. The treating physician is requesting Forteo 600 mcg and 32 gauge 5 mm pen needles #168.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Forteo 600mcg:** 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), Low back, Lumbar & Thoracic (Acute & Chronic) - Teriparatide (Forteo).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Forteo.

**Decision rationale:** This claimant was injured back in 1998 with lumbar radiculopathy, myofascial pain syndrome and status post lumbar fusion. Lumbar x ray showed further lumbar 1 vertebral wedging with known fusion and osteoporosis, Treatment to date has included four lumbar surgeries, physical therapy, chiropractic care and medication management. As of 6/2/2015, there was still low back pain and difficulty sleeping. The MTUS and the ODG are silent on this medicine. The Physician Desk Reference notes it is for osteoporosis which is a condition of bone loss and weakening which is constitutional, genetic, but not due to injury or trauma. In this case, there is no evidence of osteoporosis. The request for Forteo therefore would be unnecessary.

**1 pen needles 32 gauge 5mm #168:** 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), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, regarding Forteo and its administration.

**Decision rationale:** This claimant was injured back in 1998 with lumbar radiculopathy, myofascial pain syndrome and status post lumbar fusion. Lumbar x ray showed further lumbar 1 vertebral wedging with known fusion and osteoporosis, Treatment to date has included four lumbar surgeries, physical therapy, chiropractic care and medication management. As of 6/2/2015, there was still low back pain and difficulty sleeping. The MTUS and the ODG are silent on injections of this medicine. The Physician Desk Reference notes Forteo it is for osteoporosis which is a condition of bone loss and weakening which is constitutional, genetic, but not due to injury or trauma. In this case, there is no evidence of osteoporosis. As the medicine itself is not certified, there would be no need for needles to inject it. This request is not medically necessary.