

Case Number:	CM15-0090687		
Date Assigned:	05/15/2015	Date of Injury:	03/07/2003
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 68-year-old female, who sustained an industrial injury on 3/7/2003. She reported injury from lifting a heavy pot. The injured worker was diagnosed as having a lumbar laminectomy/discectomy and fusion, failed back surgery syndrome, lumbar degenerative disc disease, lumbar disc displacement and lumbar radiculitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, epidural steroid injection, spinal cord stimulator, piriformis injections and medication management. In a progress note dated 4/8/2015, the injured worker complains of low back pain that radiates to the bilateral lower extremities with an average pain scale rating of 10/10. The treating physician is requesting Forteo 20 mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forteo 20mcg (unspecified qty): 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, Teriparatide (Forteo).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, forteo.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of osteoporosis. The patient does not have osteoporosis secondary to industrial accident. Therefore, the request is not medically necessary.