

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	8/8/2009
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006953

- 1) MAXIMUS Federal Services, Inc. has determined the request for **four (4) Alendronate Sodium 70MG is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **four (4) Alendronate Sodium 70MG is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 64-year-old female who had an injury on August 8, 2009. She suffered from chronic low back pain with associated numbness and tingling in the left legs. She was taking Norco as well as Medrox patches. She has undergone physical therapy as well as TENS units application. Her pain increases prolong standing walking bending or twisting and can be as high 9 out of 10.

The recent note from May 30, 2013 continues to state that she has a nine out of ten pain. She was taking "osteoporosis medication." Physical exam findings included spasm and tenderness of the lumbar spine. She was continued on Medrox patches as well as Norco for pain. The patient related that without her medications her pain would increase from a five to a nine out of 10 pain.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for four (4) Alendronate Sodium 70MG:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Bisphosphonates, pg. 25, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Bisphosphonates, pg. 25, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Mirror Therapy for Chronic Complex Regional Pain Syndrome, which is not part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, Bisphosphonates such as Alendronate are not recommended for chronic pain conditions. They are an option for chronic regional pain syndrome type one. As defined in NEJM above: Complex regional pain syndrome type 1 is characterized by pain, sensory disturbances (e.g., pain evoked by light brushing of the skin [allodynia]), motor impairment (e.g., weakness), and sympathetic dysfunction (e.g., edema). Pain in this syndrome may be induced by a mismatch between proprioceptive feedback and motor action. In this case, the employee did not exhibit symptoms consistent with complex regional pain syndrome. **The request for four Alendronate Sodium 70MG is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.