
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	6/6/2002
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002502

- 1) MAXIMUS Federal Services, Inc. has determined the request for a queen size electric adjustable bed purchase **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for prescription Norco 10/325mg, 1 month supply (quantity not given) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Colace #120 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 a queen size electric adjustable bed purchase **is not medically necessary and appropriate.**
- 1) MAXIMUS Federal Services, Inc. has determined the request for prescription Norco 10/325mg, 1 month supply (quantity not given) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Colace #120 **is 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 Physical Medicine and Rehabilitation 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.

Case Summary:

No case summary was provided on the utilization review denial/modification dated July 12, 2013.

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 for Independent Medical Review (received 7/12/2013)
- Utilization Review Determination (dated 7/12/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for a queen size electric adjustable bed purchase:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California

Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines, Low Back Chapter, Mattress Section, which is a medical treatment guideline (MTG) that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 6/6/2002 and tore three ligaments in the right knee and caused a twisting type injury to the back. The employee has experienced chronic low back and right knee pain. The employee has an accompanying diagnosis of Parkinson's disease. Medical records submitted for review indicate the employee has multiple household modifications, including an automated stair chair, a modified wheelchair van, and access to a motorized scooter. A request was submitted for a queen size electric adjustable bed purchase.

The ODG does not recommended firmness as the sole criteria. In a randomized controlled trial, a waterbed and a body-contour foam mattress generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. However, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. On the other hand, pressure ulcers may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. There is no documentation in the records submitted and reviewed of contractures or requirements for special positioning of the patient's body. There is no indication in the notes of necessity for special attachments which require permanent fixture which require a specialized bed, or indication of significant co-morbidities which require more than 30 degrees of elevation of the patient's head or that pillows or wedges have been tried and failed. The request for a queen size electric adjustable bed purchase is not medically necessary and appropriate.

2) Regarding the request for prescription Norco 10/325mg, 1 month supply (quantity not given):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, pages 78 and 91, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/6/2002 and tore three ligaments in the right knee and caused a twisting type injury to the back. The employee has experienced chronic low back and right knee pain. The employee has an accompanying diagnosis of Parkinson's disease. Medical records submitted for review indicate the employee has multiple household modifications, including an automated stair

chair, a modified wheelchair van, and access to a motorized scooter. A request was submitted for prescription Norco 10/325mg, 1 month supply (quantity not given).

The MTUS Chronic Pain Guidelines recommend 4 domains for ongoing monitoring of patients on opioid therapy, which include: analgesia; activities of daily living; adverse side effects; and aberrant drug taking behaviors. The documentation submitted for review fails to indicate the employee had any functional improvement as a result of the medication. There is no indication in the notes of increased ability to undertake activities of daily living, decrease in pain scales or increased functional ability. There is no indication of proper analgesia with this medication. The request for prescription Norco 10/325mg, 1 month supply (quantity not given) is not medically necessary and appropriate.

3) Regarding the request for Colace #120:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Criteria for Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 6/6/2002 and tore three ligaments in the right knee and caused a twisting type injury to the back. The employee has experienced chronic low back and right knee pain. The employee has an accompanying diagnosis of Parkinson's disease. Medical records submitted for review indicate the employee has multiple household modifications, including an automated stair chair, a modified wheelchair van, and access to a motorized scooter. A request was submitted for Colace #120.

The MTUS Chronic Pain Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. An examination report dated 6/24/2013 notes constipation. While there is no indication in the notes to support continued opioid therapy, there should be consideration for treatment of the employee's opioid induced constipation from prolonged use of Norco. The request for Colace #120 is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/sab

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