

<b>Case Number:</b>	CM13-0001228		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated July 3, 2013, the claims administrator denied a request for a walk-in bathtub, approved request for Voltaren, denied request for Fexmid, approved a request for tramadol, and approved for a chair lift repair in the home. In a report dated January 27, 2010, the applicant's treating provider stated that the applicant had difficulties with the knees and an antalgic gait which were making it difficult for her to negotiate stairs. The attending provider therefore suggested that the claims administrator furnish stairlifts, grab bars, and raised toilet seats for the applicant. In a progress note dated June 8, 2013, it was acknowledged that the applicant was not working. The applicant reported persistent complaints of low back, bilateral leg, bilateral knee pain. The applicant stated that her chair lift was non-operational and needed repair. The applicant was using Voltaren, tramadol, and Fexmid. Chiropractic manipulative therapy and repair of the applicant's chair lift were sought. Authorization for a walk-in bathtub was sought as it was stated that the applicant had difficulty getting in and out of a step-in bathtub. The applicant's stated diagnoses on this occasion were lumbar strain with severe spinal stenosis and disk protrusion with reportedly severe stenotic changes on MRI and disk protrusions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE WALK-IN BATHTUB:** 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).Durable Medical Equipment Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Durable Medical Equipment topic.

**Decision rationale:** The MTUS does not address the topic. While the ODG Knee and Leg Chapter notes that certain DME toilet items such as raised toilet seats, commode chairs, shower grab bars, etc. may be necessary when an applicant has a condition which results in physical limitations. In this case, however, the attending provider and/or applicant's attorney have not clearly elaborated or expounded upon the nature of the applicant's physical limitations. The applicant's gait was not described on the office visit on which the attending provider sought authorization for a walk-in bathtub. The attending provider did not state why a new bathtub was necessarily preferable to provision of grab bars or similar articles of DME. The attending provider did not provide any justification for this particular item which could, in some context be considered an article of applicant convenience or applicant preference as opposed to an article of medical necessity. Therefore, the request is not medically necessary.

**PRESCRIPTION OF FEXMID 100MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Medical Treatment Guidelines, addition of cyclobenzaprine (Fexmid) to other agents is not recommended. In this case, the applicant is in fact using both Voltaren and tramadol. Adding Fexmid to the mix is not recommended. Therefore, the request is not medically necessary.