

Case Number:	CM13-0037915		
Date Assigned:	12/18/2013	Date of Injury:	09/27/2004
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

This is a 76 year-old female with a 9/27/04 industrial injury claim. According to the 9/23/13 report from [REDACTED] the patient has been diagnosed with lumbar sprain/strain and disc degeneration. Her complaints on 9/23/13 were unchanged: lumbar pain and spasms, and right leg pain/weakness with prolonged walking. She was given Toradol 60mg IM, omeprazole and naproxen, Flexeril and re-requested a soft orthosis, shower chair and toilet seat lift. The report that "initially" requested the DME was apparently not provided for this IMR, as the next most recent report is dated 4/25/13 from [REDACTED] and does not request the items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elevated toilet seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter online for DME.

Decision rationale: The 4/25/13 initial report was provided and showed close to normal lumbar motion. The seat was not requested on 4/25/13. Then something must have happened in the subsequent 5 months, because the range of motion on 9/23/13 is markedly decreased from 4/25/13. The 9/23/13 report states the elevated toilet seat was re-requested. Based on the 9/23/13 report, the raised toilet seat is in accordance with ODG guidelines, as it was prescribed as part of a medical treatment plan for a condition that results in physical limitations.

Shower chair: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The available medical records did not provide a rationale for the shower seat. ODG does not consider a shower seat as serving a medical purpose and primarily being used for convenience. The request is not in accordance with ODG guidelines.

Soft orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to ACOEM, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. ACOEM does recommend corsets for prevention in the occupational setting, but in this case, the patient is reported to be retired. The patient is not in the acute phase. The request is not in accordance with ACOEM guidelines.

Omeprazole 20mg, #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to Medical Treatment Utilization Schedule (MTUS) guidelines, the first item for risk factors for GI events is age over 65 years. The patient has a history of cardiovascular disease and uses Naproxen. MTUS recommends adding a PPI such as omeprazole for this situation. The request is in accordance with MTUS guidelines.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: With an incomplete prescription for Flexeril 10mg, the duration, frequency or total number of tablets is not provided. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. MTUS states Flexeril is not recommended for use over 3 weeks. Additionally, an incomplete prescription cannot be confirmed to be in accordance with MTUS guidelines.

IM injection of Toradol 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The patient is reported to have chronic back pain since 2004. The MTUS guidelines specifically state that Toradol is not for minor or chronic painful conditions. The request is not in accordance with MTUS guidelines.