

Case Number:	CM13-0059188		
Date Assigned:	03/03/2014	Date of Injury:	03/15/2002
Decision Date:	05/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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:

This patient reported a 3/15/02 industrial injury claim. She has been diagnosed with status post C5-7 fusion on 2/9/10 with improvement in radicular symptoms in the right index and middle finger, but with persistent neck pain; thoracic strain; right shoulder strain; right forearm pain; left knee s/p arthroscopy on 7/29/10 with good results; s/p lumbar L3-S1 fusion on 9/22/08 with residual back pain and intermittent radicular pain in the right leg and toe, but with resolution of bowel and bladder symptoms; left hip strain; secondary depression and anxiety; secondary headaches; right knee strain as a compensable consequence to the left knee. According to the 8/20/13 neurology evaluation by [REDACTED], the patient presents with neck and back pain, Final Determination Letter for IMR Case Number [REDACTED] 3 bilateral knee pain, right upper extremity pain, headaches and depression. The requested bathtub was denied and [REDACTED] appeals it. He states her current bathtub has a 24" drop and because of her knee and back condition, she is at risk for fall. Opana caused confusion and it was discontinued and the patient was reported to function better on the Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAFETY TUB: 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: According to the 8/20/13 neurology evaluation by [REDACTED], the patient presents with neck and back pain, bilateral knee pain, right upper extremity pain, headaches and depression. I have been asked to review for a bathtub or modifications to a bathtub. ODG guidelines has defined the durable medical equipment (DME) "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) The bathtub is not considered durable medical equipment, as it is not "primarily and customarily used to serve a medical purpose;" and is not "Generally is not useful to a person in the absence of illness or injury" The request for the bathtub is not in accordance with ODG guidelines.

SUBOXONE 8MG-2MG #120 FILMS WITH 3 REFILLS/PLACE 1 FILM 4XPER DAY BY SUBLINGUAL ROUTE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 27..

Decision rationale: According to the 8/20/13 neurology evaluation by [REDACTED], the patient presents with neck and back pain, bilateral knee pain, right upper extremity pain, headaches and depression. She had side effects with use of Opana, and the pain management physician has changed her to Suboxone which controls the pain and allows the patient to be more functional. MTUS guidelines state Final Determination Letter for IMR Case Number [REDACTED] 4 Suboxone is " Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction" The use of Suboxone appears to be in accordance with MTUS guidelines.