

Case Number:	CM13-0062171		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2000
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, has a subspecialty in Pain 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 patient is a 49 year old female injured on 06/01/2000 due to unknown mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documentation provided. The clinical documentation indicated the patient received routine evaluation and treatment for chronic low back pain with radiation to the right lower extremity rated between 4-7/10. The clinical documentation indicated the patient noted increased pain with colder weather and difficulty during showering. Medications included Propanolol, Tylenol, and Tramadol. The disputed issues are a SHOWER CHAIR and CELEBREX 200MG, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) 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, Knee and Leg (Acute and Chronic), Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); KNEE & LEG (ACUTE & CHRONIC), DURABLE MEDICAL EQUIPMENT (DME)

Decision rationale: As noted in the Official Disability Guidelines - Online version , durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The request for one shower chair would be considered a convenience for a 49 year old female with complaints of low back pain with radiation to the right lower extremity. As such, the request for one (1) shower chair cannot be recommended as medically necessary.

CELEBREX 200MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 67-68 states the following regarding specific recommendations for non-steroid anti-inflammatory drugs: "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007)" In the case of this injured worker, it should be noted importantly that the patient is already taking Tylenol number 3. In fact, the utilization review determination in which Celebrex was denied had modified the request for Tylenol number 3. As such, it is not reasonable that the patient discontinue a nonsteroidal anti-inflammatory drug in favor of Tylenol at this time. It appears that the patient chronic low back pain warrants chronic NSAID treatment. The requesting provider should monitor laboratory results to ensure that systemic side effects from NSAID treatment are not present. There is documentation that the patient has a gastric ulcer and is on Zantac. Therefore the use of the selective Cox 2 inhibitor Celebrex is appropriate and medically necessary.