

Case Number:	CM14-0009644		
Date Assigned:	02/14/2014	Date of Injury:	08/18/2012
Decision Date:	08/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 51-year-old male who has filed a claim for lumbar disc displacement associated with an industrial injury date of August 18, 2012. Review of progress notes indicates persistent neck pain, mid thoracic pain, and low back pain. The patient reports bowel and bladder issues, and improvement of tingling and spasticity of the right arm and right leg. Patient is currently on Butrans 10mcg patch, and is trying to get off Norco. The patient notes no withdrawal symptoms while being off Norco, and has pretty much stopped taking Tramadol. Findings include decreased sensation over the entire right upper and lower extremity; decreased range of motion of the shoulders, thoracolumbar spine, and hips; decreased motor strength of right shoulder external rotation and right EHL; and tenderness over the thoracic and lumbar regions. The patient uses a cane for balance and ambulation. Electrodiagnostic testing of the lower extremities dated October 23, 2013 showed L5 radiculopathy, more on the right. Electrodiagnostic testing of the upper extremities showed mild-moderate bilateral carpal tunnel syndrome and chronic C6 radiculopathy. MRI of the thoracic spine dated October 16, 2013 showed mild degenerative changes, and posterior disc bulges T7-8 and T8-9. Treatment to date has included opioids, muscle relaxants, physical therapy, antidepressants, sedatives, H-wave, cervical spinal surgery in August 2012, and lumbar spinal surgeries in 2006 and January 2013. Utilization review from December 26, 2013 denied the requests for purchase of adjustable bed; home care nursing evaluation; Norco 10/325mg #15; Ultram 50mg #15; and outpatient functional capacity programs. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ADJUSTABLE BED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Mattress selection Aetna Clinical Policy Bulletin: Hospital Beds and Accessories.

Decision rationale: According to ODG, it is not recommended to use firmness as a sole criteria for mattress selection. In addition, Aetna considers hospital beds and accessories medically necessary durable medical equipment for patients who meet any of the following: if the patient's condition requires positioning of the body in ways not feasible in an ordinary bed; if the patient's condition requires special attachments; and if the patient requires the head of the bed elevated > 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Variable height feature is necessary for patients with any of the following: severe arthritis and injuries to the lower extremities, severe cardiac conditions precluding the patient from straining to get up and down the bed; spinal cord injuries, limb amputees, and stroke; and other severely debilitating conditions. The requesting physician notes that the patient is unable to lie flat mostly because of the thoracic spine pain. There is no recent description of the patient's sleep requirements, indication of severe debilitating conditions, and clear evidence of spinal cord injury to support this request. Additional information is necessary to support this request. Therefore, the request for purchase of adjustable bed was not medically necessary.

HOME CARE NURSING EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: As noted on page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week, which does not include homemaker services. In this case, there is no documentation that the patient is homebound. There is no indication of the specific services that this patient requires to necessitate of home care nursing evaluation in this patient. Therefore, the request for home care nursing evaluation was not medically necessary.

NORCO 10-325, # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least July 2013. In this case, the patient was able to decrease use of Norco from 6 tablets per day to pretty much being off Norco, since starting on Butrans patches. The patient only takes Norco when leaving the house. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 10/325 #15 was not medically necessary.

ULTRAM 50 MG, # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is indicated for moderate to severe pain. It may increase the risk of seizure especially in patients taking SSRIs, TCAs, and other opioids. It may produce serotonin syndrome when used concomitantly with SSRIs, SNRIs, TCAs, MAOIs, and triptans or drugs that impair serotonin metabolism. Patient has been on this medication since at least July 2013. Progress notes indicate that the patient has pretty much stopped taking tramadol since December 2013. Also, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. There is no indication regarding the continued necessity of this medication. Therefore, the request for Ultram 50mg #15 was not medically necessary.

OUTPATIENT FUNCTIONAL CAPACITY PROGRAMS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139.

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, although the patient's disabilities preclude him from returning to the level of previous work, there is no documentation regarding prior unsuccessful return to work attempts or admission to a work hardening program. Additional information is necessary to support this request. Therefore, the request for outpatient functional capacity programs was not medically necessary.