

Case Number:	CM14-0105088		
Date Assigned:	09/12/2014	Date of Injury:	03/19/2005
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 71 year-old female was reportedly injured on March 19, 2005. The most recent progress note, dated August 27, 2014, indicates that there are ongoing complaints of low back pain with spasm. The pain is documented as varying from 2-8/10. The clinician indicates that diazepam is utilized for the treatment of muscle spasm. The physical examination demonstrated that the claimant ambulates without an assistant device. Muscle spasm is noted over the right paracervical muscles and cervical range of motion is diminished. Tenderness to palpation is noted over the cervical facets on the right and there are palpable myofascial trigger points with a noted twitch response. Muscle spasm is also noted within the trapezius muscles bilaterally. Shoulder range of motion is slightly diminished and impingement testing was negative. Lumbar range of motion reproduces lower back pain with right lateral bending, lateral tilting, and rotation. Lumbar range of motion appears to be diminished. Right knee range of motion is normal, but crepitus is noted. The clinician does not provide a clear indication for the utilization of Pennsaid topical solution in this progress note nor is the topic of electric bed addressed. A previous progress note dated June 4, 2014 indicates that Pennsaid topical solution is provided 50% pain relief and is being applied twice daily to painful joints. The clinician does not specify which joints the solution is currently being applied to. The clinician indicates that an electric bed continues to be required due to pain and to help facilitate the claimant to transfer out of bed without significant pain. The radiology reports have been provided. The most recent clinical documents do not provide a summary of any radiological findings with the exception of a comment that an MRI of the right shoulder demonstrated findings of a posterior labral tear. Previous treatment includes oral medications, psychiatric evaluations/therapy. A request had been made for Diazepam, Pennsaid solution, and an electric bed and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: The MTUS recommends against long-term use of benzodiazepines indicating that the long-term efficacy of these medications is not proven and that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Based on the clinical documentation provided, claimant has been chronically utilizing benzodiazepines as a muscle relaxant. There does not appear to be exceptional factors that would warrant deviation from the guidelines. While it is noted that abrupt cessation of these medications is not advisable, the requested medication is not considered medically necessary.

Pennsaid Solution: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. The clinician does not indicate what joints the topical NSAIDs solution is currently being utilized on. As such, the continued indication for this medication is not clearly established. This request is considered not medically necessary.

Electric 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, mattress selection; Knee, durable medical equipment

Decision rationale: The MTUS does not address this topic. The ODG indicates that there are no high quality studies to support purchase of a type of specialist mattress as a treatment for low back pain. Based on the clinical documentation provided, the clinician indicates that an electric bed is necessary secondary to the claimant's low back pain. It is noted that the claimant has diminished lumbar range of motion. However, the clinician has not cited exceptional factors that would warrant deviation from the guidelines and purchase of this product. Additionally, the product does not appear to meet the ODG guidelines for durable medical equipment specifically that this item is generally useful to a person in the absence of illness and injury and is not primarily used to serve a medical purpose. As such, there does not appear to be clear indication for the purchase of this device. This request is considered not medically necessary.