

Case Number:	CM14-0111272		
Date Assigned:	08/01/2014	Date of Injury:	02/04/2009
Decision Date:	10/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 64-year-old female with a reported date of injury on 02/22/2009. The mechanism of injury was not listed in the records. The injured worker's diagnoses consisted of lumbago and obesity. The past treatments included pain medication and physical therapy. There was no diagnostic imaging submitted for review. There was no surgical history documented in the records. The subjective complaints on 06/04/2014 include low back pain and lower extremity pain. Weakness in the right lower extremity along with numbness and tingling were also noted. It is noted that the injured worker had difficulty walking and standing along with difficulty taking a shower and was unable to stand for a very long time. The objective physical exam findings to the low back included bilateral paraspinous tenderness with +1 palpable muscle spasms. The lumbar spine range of motion was as follows: flexion was 25 degrees, extension was 5 degrees, and right and left lateral flexion were 10 degrees. The reflex exam noted patellar reflexes were +2 and symmetric bilaterally. The injured worker's gait was antalgic and assisted with a single point cane. In regards to the fentanyl patch, the injured worker rated her pain with the patch 5/10 and without the patch the pain was rated 9/10. The injured worker currently noted up to 50% improvement in symptoms and function due to the fentanyl patch. The most current random drug urine screen was consistent with medications. The injured worker's medications included fentanyl patch, hydrocodone/APAP, gabapentin, and omeprazole 20 mg. The treatment plan was to continue and refill medications, order a replacement single point cane, order a replacement shower chair that is sturdier, and request transport for office visits following lumbar spine surgery. A request was received for replacement of single point cane, replacement shower chair, and remaining fentanyl patch 12 mcg/hour #10. The rationale for the single point cane was to assist with gait stability and prevent fall. The rationale for the shower chair was to

accommodate the injured worker's weight of 225 pounds. The rationale for the fentanyl was to decrease pain. The request for authorization form was not provided in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining Fentanyl Patch 12mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for remaining fentanyl patch 12 mcg/hour #10 is not medically necessary. The California MTUS Guidelines state 4 domains that have been proposed as most relevant for monitoring chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant (or nonadherent) drug related behaviors. The injured worker has chronic low back pain. There was adequate documentation of quantified pain relief, side effects, physical and psychosocial functioning, and a current drug screen that was consistent with the medications prescribed. However, the request as submitted did not provide a medication frequency. In the absence of the medication frequency, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Replacement Single-Point Cane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DME (Durable Medical Equipment).

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, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for replacement of a single point cane is not medically necessary. The Official Disability Guidelines recommend walking aids such as canes, crutches, braces, orthoses, and walkers. Almost half of patients with knee pains possess a walking aid. The injured worker currently already has a cane and there is no documented evidence that the cane is in bad repair or that the current cane is ineffective. As the injured worker already has a cane, the request for a replacement single point cane is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Replacement Shower Chair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DME (Durable Medical Equipment).

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, Durable medical equipment (DME)

Decision rationale: The request for replacement shower chair is not medically necessary. The Official Disability Guidelines state that durable medical equipment may require patient education and modifications for the home to prevent injury but environmental modifications are considered not primarily medical in nature. Certain DME toilet equipment such as commodes, bed pans, etc. are medically necessary if the patient is bed bound or room confined and devices such as raised toilets, commode chairs, sitz baths, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan of injury, infection, or conditions that result in physical limitations. The injured worker has chronic low back pain. It is noted in the records that the injured worker cannot stand for a long time and it is also noted that the injured worker already has a shower chair; however, she feels that the shower chair that was provided is not sturdy enough and would like a sturdier one to support her body weight of 225 pounds. There is a lack of documentation that the current shower chair is not functioning correctly or is in bad repair in order to justify a replacement shower chair. As the injured worker already has a shower chair, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.