

Case Number:	CM14-0045466		
Date Assigned:	06/27/2014	Date of Injury:	03/10/2007
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 41-year-old male who has submitted a claim for status post lumbar partial laminectomy and fusion, right knee pain, left wrist pain, insomnia, Type 2 diabetes, erectile dysfunction, GERD, and depression associated with an industrial injury date of 03/10/2007. The medical records from 2012 to 2014 were reviewed. The patient complained of back pain radiating to the right lower extremity, graded 8/10 in severity, and associated with weakness. The intake of medication provided symptom relief and 50% functional improvement. The patient ambulated using a cane. The blood sugar monitoring was between the ranges of 113 to 118 mg/dl in the morning. He reported intolerance to land-based exercises. He likewise complained of difficulty trying to ambulate up the stairs to his bedroom. The physical examination of the lumbar spine revealed limited motion and muscle spasm. Dysesthesia was noted at the right lateral calf and bottom of his foot. He ambulated with a limp to the right lower extremity. Reflexes were +1 at the knees and ankles. Knee laxity was noted upon varus and valgus maneuvers. The physical examination of the left shoulder showed tenderness and positive impingement sign. The left hand was positive for tenderness, Finkelstein, Phalen's and Tinel's signs. Treatment to date has included lumbar laminectomy with fusion, physical therapy, and medications such as Metformin, Actos, Oxycodone, and Lidoderm patches. The Utilization review from 03/27/2014 modified the request for oxycodone 10mg, #60 into #45 for weaning purpose because of lack of measurable functional improvement; certified Metformin 500mg, #60 because the patient has Type 2 diabetes and morning glucose readings remained at 188 mg/dl or less while on Metformin; denied a star lift for the stairway; and denied a one year gym membership for pool exercise and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report citing opioid use was dated October 2013. The patient reported symptom relief with 50% functional improvement upon its use. There were no noted adverse effects. Urine drug screens were likewise consistent as cited from progress reports. The Guideline criteria for continuing opioid management have been met. Therefore, the request for Oxycodone 10mg #60 is medically necessary.

Metformin 500mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, Metformin.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the ODG was used instead. According to the ODG, Metformin is recommended as a first-line treatment for type 2 diabetes to decrease insulin resistance. It can be used as monotherapy or in combination with other antidiabetic agents. It is effective in decreasing fasting and post-prandial glucose concentrations, and has beneficial effects on weight, lipid profile, and fibrinolysis. In this case, patient has concomitant Type 2 diabetes. He has been on Metformin since at least March 2013. Progress notes indicate that the blood sugars have been under control on this medication. Continuation of this medication, with ongoing blood sugar monitoring is necessary in this patient for optimal blood sugar control. Therefore, the request for Metformin 500mg #60 is medically necessary.

1 Stair lift for stairway: 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) Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: The California MTUS does not specifically address durable medical equipment (DME). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that DME is recommended generally if there is a medical need. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, patient complained of back pain resulting to difficulty in climbing stairs. Gait was antalgic. Knee laxity was likewise noted. A stair lift may benefit the patient; however, environmental modifications are considered not primarily medical in nature. Therefore, the request for one (1) stair lift for stairway is not medically necessary.

1 year gym membership for pool exercise and weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Gym Memberships.

Decision rationale: The California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient requested to be enrolled in an exercise program. The patient reported intolerance to land-based exercises; hence, this request for pool access. However, there was no further discussion concerning intolerance to land-based exercises. Likewise, there was no discussion concerning need for specialized equipment that may necessitate gym membership. Therefore, the request for one (1) year gym membership for pool exercise and weight loss is not medically necessary.