

Case Number:	CM14-0051165		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2010
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic shoulder pain, chronic myofascial pain, depression, anxiety, and insomnia reportedly associated with an industrial injury of June 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; dietary supplements; and opioid therapy. In a Utilization Review Report dated March 13, 2014, the claims administrator failed to approve a request for Percura, Trepadone, Norco, and a shower bench. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant reported 8/10 pain with medications and 10/10 pain without medications. The applicant stated that her shoulder pain was waking her up at night, despite ongoing medication usage. The applicant stated that she was having difficulty doing home exercises secondary to heightened pain. The attending provider sought authorization for a shower bench to help the applicant slide into the tub. The attending provider complained that the claims administrator had earlier denied the applicant a rail. It was not stated why these articles were needed. Urine drug testing, Butrans, Norco, Cidaflex, a topical Ketoprofen-containing cream, Percura, Trepadone, and a shower bench were sought. The applicant's work status was not clearly stated. In a progress note of March 4, 2014, the attending provider stated that the applicant needed home health assistant to help her wash her hair, bathe properly, and carry her groceries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percura #120: 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 ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments.

Decision rationale: As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, alternative treatments, and/or complementary treatments such as Percura are not recommended in the treatment or management of chronic pain as they have no demonstrated efficacy or proven outcomes in the treatment of the same. No rationale for selection of Percura was furnished in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Trepadone #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments.

Decision rationale: As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatments such as Trepadone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. In this case, no rationale or medical evidence so as to support the selection of Trepadone in the face of the unfavorable ACOEM position was offered by the attending provider. Therefore, the request is not medically necessary.

Norco 5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints are still quite high, in the 9/10 range, despite ongoing medication usage. The applicant is unable to perform even basic activities of daily living such as lifting groceries, carrying groceries, washing her hair, etc. All of the above, taken together, do not make a compelling case for continuation of Norco therapy. Therefore, the request is not medically necessary.

Shower Bench: 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 Chapter, Durable Medical Equipment.

Decision rationale: As noted in the ODG, certain DME toilet items such as the shower bench in question could be considered medically necessary if an applicant is bed or room confined and provision of the device in question is part and partial of a medical treatment plan for injury associated with a physical limitation. The ODG further defines DME as an article which is primarily and customarily intended to serve a medical purpose and is generally not useful to an applicant in the absence of injury or illness. In this case, however, the shower bench could very well be useful to the applicant in the absence of injury or illness. The shower bench would not necessarily serve a medical purpose. No rationale for provision of a shower bench was proffered by the attending provider. The attending provider did not outline what physical limitations or physical impairments were generating the need for the shower bench in question. Therefore, the request is not medically necessary.