

<b>Case Number:</b>	CM14-0054604		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/31/1995
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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, has a subspecialty in Interventional Spine 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 73-year-old female with a date of injury of 08/31/1995. The listed diagnoses per [REDACTED] are: 1. Degenerative joint disease of the left hip. 2. Status post non-cemented total hip replacement, 11/09/2000. 3. Recurrent dislocation of femoral prosthesis. 4. Status post closed reduction of dislocated femoral prosthesis, 2006 and 2007. 5. Lumbar spine L3-L4 grade 1 spondylolisthesis. 6. Two L2- L3 right facet cysts. 7. L3-L4 severe central stenosis, L4-L5 and L5-S1 moderate lateral recess, and L5-S1 disk protrusion with foraminal stenosis, grade 3. 8. Degenerative joint disease of the right knee, status post cemented total knee arthroplasty in 1998. 9. Status post manipulation under anesthesia, right knee 1999. 10. Right hand index, middle, and right finger trigger fingers. 11. Thumb interphalangeal and carpometacarpal degenerative joint disease. 12. Hip displacement, femoral fracture. 13. Status post right total hip arthroplasty 2009. According to progress report 04/03/2014, the patient presents with low back pain radiating in both legs. He also complains of bilateral wrist pain and left hip pain. The patient rates her pain with medication 7/10. She is taking her medications as prescribed and states the medications are "working well." Medication side effects noted by the patient was constipation, which has been controlled with medication. Current medication regimen includes Ambien CR 12.5 mg, methadone 10 mg, Amitiza 24 mcg, Senokot 50 mg, Soma 350 mg, Terocin lotion, and Lidoderm cream. Examination of the lumbar spine revealed restrictive range of motion. On palpation, paravertebral muscles, spasm, and tenderness noted on both sides. Lumbar facet loading is positive on the right side. The patient reports that current pain regimen remains effective and allows her to continue her daily activities of living, which include household chores, grocery shopping, and walking up to 6 blocks. She would require assistance

in caring for herself and would have to lie in bed without her current medications. 02/05/2014 urine toxicology reported consistent with the medications prescribed. Treater is requesting a treadmill for home use, Soma 350 mg #30 for spasm, methadone HCL 10 mg #196, and Dulcolax 10 mg #10 with 2 refills. Utilization review denied the request on 04/15/2014.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 treadmill: 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:** Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. 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. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare® knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionator®/ Extensionator®; Flexionators (extensionators); Exercise equipment; Game Ready® accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005).

**Decision rationale:** This patient presents with low back pain radiating in both legs. He also complains of bilateral wrist pain and left hip pain. The treater is requesting one treadmill for home use. Treadmills are not specifically addressed in the MTUS and ACOEM Guidelines. However, ODG Guidelines state that treatments must be monitored and administered by medical professionals. While an exercise program is recommended, outcomes that are not monitored by health professionals such as gym memberships, or advanced home exercise equipments are not recommended under this guideline. The requested Treadmill for home use is not medically necessary.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** This patient presents with low back pain radiating in both legs. He also complains of bilateral wrist pain and left hip pain. The treater is requesting one treadmill for home use. Treadmills are not specifically addressed in the MTUS and ACOEM Guidelines. However, ODG Guidelines state that treatments must be monitored and administered by medical professionals. While an exercise program is recommended, outcomes that are not monitored by health professionals such as gym memberships, or advanced home exercise equipments are not recommended under this guideline. The requested Treadmill for home use is not medically necessary.

**Methadone HCL 10mg #196:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with low back pain radiating in both legs. He also complains of bilateral wrist pain and left hip pain. The treater is requesting methadone HCL 10 mg #106. Treater states the patient's pain is 10/10 without methadone and 6/10 with methadone. Utilization modified the certification from #106 to #30. She is able to function and do daily activities including house chores, grocery shopping, and walking up to 6 blocks. Treater states tapering has been tried; however, the patient was unable to do simple activities such as sitting in her car due to increase in pain. Pain contract is in place and discussed regularly, the patient submits to periodic random UDS, which are consistent with the medication prescribed. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-

seeking behavior. In this case, the patient is status post multiple surgeries and continues with significant 10/10 pain. With Methadone, the patient has a decrease in pain and is able to perform ADLs, which the treater has specifically listed in his progress reports. Given the efficacy of this medication and specific functional improvement, the request is medically necessary.

**Dulcolax 10mg #10 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic Treatment Of Constipation and Opiates, Initiating Therapy3) Initiating Therapy Page(s): 77.

**Decision rationale:** This patient presents with low back pain radiating in both legs. He also complains of bilateral wrist pain and left hip pain. The treater is requesting a refill of Dulcolax 10 mg #10 with 2 refills due to side effects of constipation from medication intake. Utilization review denied the request for Dulcolax stating "a third medication for constipation management does not appear to be medically necessary." The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates are used. This patient has been taking opioids long term and has consistent complaints of constipation. Review of the medical file indicates the patient is concurrently taking Senokot for preventative management of constipation. It appears the patient continues to complain of constipation with Senokot and the treater is recommending two prophylactic medications for patient's chronic constipation. The request is medically necessary.