

Case Number:	CM14-0062325		
Date Assigned:	08/06/2014	Date of Injury:	03/20/2006
Decision Date:	10/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 injured worker is a 48-year-old female who was reportedly injured on March 20, 2006. The mechanism of injury was noted as a lifting type event. The most recent progress note dated June 25, 2014, indicated that there were ongoing complaints of low back pain. There was no noted improvement with the recent epidural steroid injection completed. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. The injured employee ambulated without assistive device and has a normal gait pattern. It was noted that the injured employee was able to don & doff her shoes independently as well as transfer to the table and sit comfortably. Diagnostic imaging studies discography noted degenerative disc changes. Previous treatment included shoulder surgery, trigger point treatment, epidural steroid injections and other pain management interventions. A request was made for durable medical equipment and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower Chair: 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) DME

Decision rationale: ODG states DME is recommended generally if a medical need is present. ODG also states, "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home." Furthermore, when noting the ability to don & doff her shoes without difficulty, alight and exit the examination table and move without an antalgic gait, there is no data presented to suggest that a shower chair is medically necessary. Therefore the request is not medically necessary.

Shower grab bar: 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): DME

Decision rationale: According to the Official Disability Guidelines, Grab bars are considered a self-help device, and are not primarily medical in nature. When noting the ability to don & doff her shoes without difficulty, alight and exit the examination table, and move without an antalgic gait, there is no data presented to suggest that a shower grab bar is medically necessary. Therefore the request is not medically necessary.

Coccy seat cushion: 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) DME

Decision rationale: ODG states, "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." Also, when noting the ability to don & doff her shoes without difficulty, alight and exit the examination table and move without an antalgic gait, there is no data presented to suggest that a seat cushion is medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function. The current progress notes do not demonstrate that there is any increased functionality, decrease in pain symptomology, or otherwise any efficacy or utility with this medication. Therefore, when using the clinical data presented by the requesting provider, and with the parameters noted in the MTUS, this request for Norco is not medically necessary.

Oxycontin 40mg #60: 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 Page(s): 75, 78, 92, & 97.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 29.

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

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.