

Case Number:	CM14-0070363		
Date Assigned:	08/08/2014	Date of Injury:	05/30/2007
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 injured worker is a 45-year-old female who reported an injury on 03/30/2007. The mechanism of injury was not provided. On 04/29/2014, the injured worker presented with weakness in bilateral knees and knee pain with pain in the back that radiates to the lower legs. Upon examination, the injured worker was at moderate distress secondary to pain and walks with an altered gait. There is moderate tenderness to palpation and spasm over the lumbar spine and paravertebral muscles bilaterally. There was tenderness to palpation of the thoracic spine and limited lumbar range of motion in all planes. There was a positive FABERE's to the right and diminished motor strength and sensation in the right extremities. Diagnoses were lower back pain, status post lumbar epidural steroid injection and surgery on 01/04/2008, lumbar radiculopathy, status post lumbar hemilaminectomy/microdiscectomy, lumbar facet arthropathy, failed back syndrome, gastritis/constipation/nausea and insomnia. The medications included Vicodin, Neurontin, Colace, and Zofran. The provider recommended a bedside commode, a single point cane, a shower chair, Colace, Zofran, and Prilosec. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bedside Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 Second Edition Chapter 6 page 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state that 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 injured workers may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Durable medical equipment is equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of illness or injury and is appropriate for use in an injured worker's home. Certain DME toilet items such as commodes and bed pans are medically necessary if the injured worker is bed or room confined and devices such as a 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. There is lack of documentation that the injured worker is bed or room confined to warrant the need for a bedside commode. The provider's rationale is not provided. As such, the request is not medically necessary.

Single Point Cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Walking Aids.

Decision rationale: The Official Disability Guidelines state almost half of injured workers with knee pain possess a walking aid. The stability, pain, and age related impairments are used to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. Using a cane in the hand contra lateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction of force, in a similar way that is achieved with the lateral trunk lean strategy. Included in medical documentation note, the injured worker is walking with an altered gait with moderate tenderness to palpation and spasm of the lumbar spine bilaterally. The injured worker felt weak in both knees and feels like her leg cannot support her. There is lack of documentation of instability. The provided rationale for needing a single point cane with bilateral knee weakness was not provided. The request is not medically necessary.

Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2004 Second Edition Chapter 6 page 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines state that 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 injured workers may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Durable medical equipment is defined as equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, return the really not useful to an injured worker in the absence of illness or injury and is appropriate for the patient's home. There is lack of documentation of the provider's rationale for the injured worker's need for a shower chair. Additionally, there is lack of documentation of instability noted and objective functional deficits related to the injured worker's functional deficit that would warrant the need for a shower chair. As such, the request is not medically necessary.

Colace 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition (web 2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The California MTUS recommends Colace for constipation. The injured worker has a diagnosis of constipation. The assumption that the injured worker will continue to have constipation with the use of narcotics would support the use of Colace; however, the provider's request does not indicate the frequency of the medication or the efficacy of the prior use of the medication. As such, the request is not medically necessary.

Zofran 4mg #30: 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 (ODG) Pain, Antiemetics.

Decision rationale: Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days and weeks of continued exposure. Studies of

opioid adverse effects including nausea and vomiting are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. The efficacy of the prior use of Zofran has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers who have dyspepsia secondary to NSAID therapy or for those taking NSAID medications or at moderate to high risk for gastrointestinal events. The injured worker has a diagnosis of gastritis, constipation, and nausea. Prilosec would be indicated for the use of these symptoms. There is lack of efficacy of prior use of Prilosec. Additionally, the provider's request does not indicate the frequency in the request as submitted. As such, the request is not medically necessary.