

Case Number:	CM14-0074577		
Date Assigned:	07/16/2014	Date of Injury:	03/26/1999
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 and 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 records, presented for review, indicate that this 72 year-old individual was reportedly injured on March 26, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 22, 2014, indicated that there were ongoing complaints of bilateral shoulders and low back pains. The physical examination demonstrated 5'8", 222 pound person. Pain level was 7/10 on the visual analog scale. Surgical scars were noted on the lumbar spine. Diagnostic imaging studies were not reviewed. Previous treatment included surgical intervention, multiple medications, and pain interventions. A request had been made for chair with lift mechanism to stand claimant upright from a sitting position, a sleep number mattress and medications and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chair with lift mechanism to stand claimant upright from a sitting position: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and Leg Chapter, Durable Medical Equipment (DME).

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.

Decision rationale: It is noted that the MTUS or ACOEM guidelines do not address. The parameters noted in the ODG were used, and there is no documentation of any functional improvement with a chair with a mechanic lift. Therefore, based on a lack of evidence-based medicine to support this device, and noting the findings reported on physical examination, there is no clinical indication for the medical necessity of this device.

Lidoderm 5% #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: MTUS guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.

Sleep Number mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 145.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM guidelines, there is no recommendation for or against use of mattresses to treat low back pain. However, there is no data presented to suggest that there is any efficacy or utility with the treatment of low back pain. Therefore, this is not medically necessary.

Ambien 12.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness Chapter.

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

Decision rationale: It is noted that this medication is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG are employed. This is a non-benzodiazepine that is indicated for short-term use (for 6 weeks). Therefore, when noting there is no efficacy in terms of sleep hygiene and the parameters outlined in the ODG, this is not medically necessary.