

Case Number:	CM14-0088057		
Date Assigned:	07/23/2014	Date of Injury:	01/04/2003
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas. 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 62 year old female who reported an injury to her upper and lower back when she was standing on rolls of fabric when she had a fall. The utilization review dated 07/28/14 resulted in denials for the use of a rolling walker as well as Ultracin lotion. The agreed medical examination dated 06/17/08 indicates the injured worker complaining of bilateral knee, bilateral hip, and low back pain. The clinical note dated 02/20/13 indicates the injured worker having undergone an arthroscopy at the right knee to address the patella chondromalacia. The agreed medical evaluation dated 05/24/13 indicates the injured worker having undergone 3 Supartz injections at the right knee. The clinical note dated 03/03/14 indicates the injured worker having signs of the flu. The injured worker reported ongoing signs of constipation alternating with diarrhea. The clinical note dated 05/02/14 indicates the injured worker having been diagnosed with fibromyalgia syndrome. The injured worker was being recommended for home health care at that time for up to 4 hours each day, 5 days each week.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROLLING WALKER W/ SEAT & BREAKS: 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.

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

Decision rationale: The use of a rolling walker with a seat and brakes is not medically necessary. The documentation indicates the injured worker complaining of neck and low back pain. Additionally, the injured worker has been diagnosed with fibromyalgia. The use of a rolling walker is indicated for injured workers with functional deficits associated with the bilateral lower extremities. No information was submitted regarding the injured worker's significant functional deficits in the lower extremities associated with range of motion, strength, or endurance issues. Given the lack of objective data supporting the injured worker's significant functional deficits in the lower extremities, this request is not indicated as medically necessary.

ULTRACIN LOTION 120 GM # 1 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.