

Case Number:	CM14-0002844		
Date Assigned:	01/29/2014	Date of Injury:	05/08/2003
Decision Date:	03/10/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 47-year-old male with a date of injury of 5/8/03. According to progress report dated 10/7/13, the patient presents with weakness in his lower extremities and pain in the lower back. The patient reports that his knee is buckling and locking on a more regular basis. Physical examination revealed pain ambulates with assistance of a walker, he has minimal lumbar range of motion and positive straight leg raise. There is clicking heard on range of motion of the left knee and crepitus. There was moderate swelling in the left knee and pain to palpation in the medial and lateral joint lines. The listed diagnoses are: 1. Status post lumbar surgery, June 9, 2009 2. Left knee meniscal tear 3. Plantar fasciitis 4. New onset of diabetes mellitus and hypertension 5. Severe chronic pain syndrome. The patient is permanent and stationary. The Utilization review denied the requests on 12/10/13. Treatment reports from 1/21/13 through 10/7/13 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucometer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Medical Clearance; and Non-MTUS http://en.wikipedia.org/wiki/Glucose_meter

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for Glucometer. The Utilization review denied the request stating that although the patient has been diagnosed with diabetes there were no objective or subjective findings to support this diagnosis at the time. According to http://en.wikipedia.org/wiki/Glucose_meter, A glucose meter (or glucometer) is a medical device for determining the approximate concentration of glucose in the blood. It can also be a strip of glucose paper dipped into a substance and measured to the glucose chart. It is a key element of home blood glucose monitoring (HBGM) by people with diabetes mellitus or hypoglycemia. A small drop of blood, obtained by pricking the skin with a lancet, is placed on a disposable test strip that the meter reads and uses to calculate the blood glucose level. The meter then displays the level in units of mg/dl or mmol/l. The ODG Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under medical clearance recommends pre-op lab testing for preoperative urinalysis, electrolyte and creatine testing, glucose testing, and complete blood count. There is no indication that the patient is anticipating surgery. Furthermore, the treating physician has not provided a rationale on the medical necessity of a home glucose meter for self-monitoring. This request is not medically necessary.

Adjustable Mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Mattress Selection

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 - Lumbar & Thoracic Chapter, Mattress Selection & Tempur-Pedic Mattress

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for an adjustable mattress. The MTUS and ACOEM guidelines do not discuss adjustable mattress. (ODG) Low Back - Lumbar & Thoracic Chapter, Mattress Selection & Tempur-Pedic mattress references a recent clinical trial that concluded patients with medium-firm mattresses have better outcomes than patients with firm mattresses for pain in bed, pain on rising, and stability. In addition, ODG guidelines states that a medium-firm mattress can have better outcomes from non-specific back pain but that this is still under study. ODG definitively states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on

personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the treating physician is not recommending a mattress for the treatment of pressure ulcers and ODG does not support the usage of a mattress for the treatment of low back pain. The requested mattress is not medically necessary.

Handicapped Toilet: 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 & Leg (Acute & Chronic), 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) Knee & Leg Chapter, DME

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for a HANDICAPPED TOILET. There was no discussion in the progress reports regarding the medical necessity of the handicapped toilet. The MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines for DME states, 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. In this case the treating physician has not outlined the medical rationale for this request. There is no information to indicate that the patient requires assistance or is bed or room confined. There are no details as to why this patient requires a handicapped toilet. The request-handicapped toilet IS NOT medically necessary.

Handheld Shower Hose: 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 & Leg (Acute & Chronic), 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) Knee & Leg Chapter, DME

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for Handheld Shower Hose. The ACOEM and MTUS does not discuss hand held shower hose. ODG guidelines, Knee & Leg chapter under DME, states that 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. DME is Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment DME below. In this case, the patient presents with chronic low back and knee pain and there is no discussion on why the patient requires a hand held shower hose. In addition, the request does not meet the definition of DME per ODG guidelines as a shower hose is not solely used for medical purposes. The requested hand held shower hose is not medically necessary.

Bathtub Nonstick Rubber Mat: 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 & Leg (Acute & Chronic), 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) Knee & Leg Chapter, DME

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for bathtub non stick rubber mat. The ACOEM and MTUS does not discuss hand held shower hose. ODG guidelines, Knee & Leg chapter under DME, states that 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. DME is Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment DME below. In this case, the patient presents with chronic low back and knee pain and there is no discussion on why the patient requires a non-stick rubber mat for the bathtub. In addition, the request does not meet the definition of DME per ODG guidelines as a rubber mat is not solely used for medical purposes. This request is not medically necessary.

Sliding Shower Chair: 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 & Leg (Acute & Chronic), 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) Knee & Leg Chapter, DME, Bathtub Seats

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for sliding shower chair. The medical file provided for review does not include a rationale for the requested bath chair. The ODG guidelines has the following regarding Bathtub seats under Durable Medical Equipment, Bathtub seats are considered a comfort or convenience

item, hygienic equipment, & not primarily medical in nature. Shower/bath chairs or seats are not supported by ODG and the treating physician has provided no medical reasoning for this request. This request is not medically necessary.

Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Antiepilepsy drugs Page(s): 19-20.

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for Lyrica 50mg. The MTUS guidelines pages 19-20 has the following regarding Pregabalin (Lyrica), Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. The patient has been utilizing Lyrica as early as 1/21/13. The treating physician in only one of the progress report states that Lyrica has been helpful" and there is no further discussion regarding Lyrica. MTUS page 60 require documentation of functional changes and pain assessments. Given the lack of discussion regarding efficacy, the request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with persistent low back pain with weakness in the lower extremities. The patient also has pain in the knee with clicking and crepitus. The current request is for Norco 10/325mg. The MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been utilizing Norco as early as 1/21/13. In this case, recommendation for refill of Norco cannot be made, as the treating physician has not provided any specific functional improvement, changes in ADL, or change in work status to show significant functional improvement. The medical file also does not provide any discussion regarding possible adverse side effects, and aberrant behaviors are not addressed. There is no drug screen or CURES report provided to

monitor for compliance. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS guidelines.