

Case Number:	CM14-0208389		
Date Assigned:	12/22/2014	Date of Injury:	06/30/2010
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine 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 (IW) is a 56-year-old man with a date of injury of June 30, 2010. The mechanism of injury occurred after getting pinned between a truck door as it crashed into a building. The IW is status post left hip arthroscopy surgery to repair labrum tear and chondral defect on December 17, 2012. The injured worker's working diagnoses are unspecified thoracic/lumbar neuritis or radiculitis; issue, repeat prescriptions; major depressive disorder, recurrent; and traumatic arthropathy pelvis/thigh. Pursuant to the most recent progress note by the treating physician dated November 17, 2014, the IW complains of low back pain, and pelvic pain radiating leg pain. Examination of the lumbar spine reveals tenderness to palpation at the left PSIS and painful lumbar extension and lateral bend. The IW ambulates with a single point cane. He also has painful left hip range of motion. Current medications include Pamelor 25mg, Relafen, and Norco 10/325mg. The IW has been taking Norco since February 4, 2013 according to a progress note with the same date. There are no detailed pain assessments in the medical record. There is no evidence of objective functional improvement associated with the ongoing use of Norco. The provider indicated the IW is struggling mildly with his ambulation, and independently rising from a chair. Oftentimes towards the end of the day, he is relying on assistance for arising from his most comfortable chair or with sitting down. The treating physician is requesting authorization for (1) stand assist chair, and Norco 10/325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Stand Assistant 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); Knee Section, DME

Decision rationale: Pursuant to the Official Disability Guidelines, a stand assist chair is not medically necessary. A stand assist chair folder falls under the category of durable medical equipment (DME). DME is generally recommended if there is a medical need and if the device meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which; can withstand repeated use; is primarily and customarily used to serve the medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are chronic painful lumbar spondylosis, history of radiculopathy, status post else for - L5 and L5 - S1 discectomy; chronic left S1 arthralgia, status post contusion; chronic left hip impingement status post arthroscopy; chronic mood disorder, acute exacerbation. The treatment plan in a November 17, 2014 progress note requests a stand assist chair. The history of present illness (same progress note) indicates the injured worker is struggling more mildly with his ambulation and independently rising from a chair. There is no documentation indicating the injured worker is unable to rise from the sitting to standing position nor is there any documentation to support the use of a standard assist chair. Overall, the documentation does not support the use for DME based on the clinical facts available in the record. Consequently, a standard assist chair is not medically necessary.

Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patients decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic painful lumbar spondylosis, history of radiculopathy, status post else for - L5 and L5 - S1 discectomy; chronic left S1 arthralgia, status post contusion; chronic left hip impingement status post arthroscopy; chronic mood disorder, acute exacerbation. The

documentation in the medical record indicates the injured worker was taking Norco 10/325 as far back as February 4, 2013. The record does not document objective and subjective complaints have improved with utilization of Norco. The documentation does not contain efficacy and evidence of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Norco and evidence of objective functional improvement, Norco 10/325 mg #60 with 1 refill is not medically necessary.