

Case Number:	CM15-0002528		
Date Assigned:	01/30/2015	Date of Injury:	09/17/2001
Decision Date:	04/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 55-year-old male, who sustained an industrial injury on 9/17/01. The documentation noted on 10/13/14 noted that the injured worker continues with kinesiophobia, restricted movement, depressed affect and difficulty remembering. He continues to use a wheeled walker to ambulate. Urinary drug screen was negative for opioids and benzodiazepines and consistent with present regimen. The diagnoses have included post laminectomy pain syndrome; chronic pain syndrome; adult-onset diabetes mellitus; hypertension; history of C7 spinous process fracture; medication-induced constipation and reactive depression and anxiety. According to the utilization review performed on 12/9/14, the requested 1 urology evaluation and 1 prescription of Cymbalta 60mg has been certified. The requested 1 Installation of non-slip shower strips; Electrodes for interferential unit; Unknown home care assistance 12 hours a day, 7 days a week ; 1 bedside commode; 1 installation of a ramp with handrails to house; 1 transportation; 1 Neurology evaluation; 1 prescription of Omeprazole 20mg; 1 prescription of Cialis 20mg; 1 prescription of Ambien 10mg; Unknown nursing supervision of medication; 1 prescription of Butrans patch 5cg and 1 prescription of Tramadol 50mg has been non-certified. 1 Installation of non-slip shower strips is not medical services intended to cure an industrial injury. Electrodes for interferential unit was non-certified due to the injured worker has utilized interferential, resulting in pain relief. Unknown home care assistance 12 hours a day, 7 days a week was non-certified with documentation noting on 7/25/14 the injured workers wife currently performs the requested home care including assistance with activities of daily living, self-care, hygiene, meal preparation and grocery shopping. 1 bedside commode was non-certified the

injured worker ambulates to the bathroom independently, is able to independently clean himself after urinating and is able to completely empty his bladder. 1 installation of a ramp with handrails to house and transportation is not a medical service intended to cure an industrial injury. 1 Neurology evaluation was non-certified due to additional information was requested and has not been received. The CA Chronic Pain Medical Treatment Guidelines, the Medicare Benefits Manual, ODG on the durable medical goods were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Installation of non-slip shower strips: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA LABOR CODE SECTION 4600-4614.1.

Decision rationale: According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. The use of non-slip shower strips is not a medical treatment intended to cure or relieve the injured worker from the effects of his injury. As such, the request for 1 Installation of non-slip shower strips is not medically necessary.

Electrodes for interferential unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: MTUS states that Electrotherapy may be used for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), but it is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. At the time of the requested electrodes for interferential unit, documentation shows that the injured worker is undergoing postoperative physiotherapy for the right shoulder and has trialed an interferential unit for one month with reported decrease in pain. The request for Electrodes for interferential unit is medically necessary by MTUS guidelines.

Unknown home care assistance 12 hours a day, 7 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Health Services.

Decision rationale: MTUS recommends home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Per guidelines, medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides, including bathing, dressing, and using the bathroom. The request for caregiver Unknown home care assistance 12 hours a day, 7 days a week is not medically necessary by MTUS.

1 bedside commode: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: Per guidelines, certain durable medical equipment such as commodes are recommended generally if there is a medical need and if the patient is bed- or room-confined. Documentation indicates that the injured worker is able to ambulate with the use of a seated wheeled walker. There is lack of evidence to support that the injured worker is bed- or room confined. With guidelines not being met, the request for 1 bedside commode is not medically necessary.

1 installation of a ramp with handrails to house: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines No addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA LABOR CODE SECTION 4600-4614.1 Knee, Durable Medical Equipment.

Decision rationale: Per ODG, medical conditions resulting in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are not considered primarily medical in nature. The use

of an installed ramp is not a medical treatment intended to cure or relieve the injured worker from the effects of his injury, based on Labor Code 4600. As such, the request for 1 installation of a ramp with handrails to house is not medically necessary.

1 transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA LABOR CODE SECTION 4600-4614.1.

Decision rationale: According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Transportation services do not qualify as medical treatment intended to cure or relieve the injured worker from the effects of his injury. As such, the request for transportation is not medically necessary.

1 prescription of Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation UpToDate, Omeprazole.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and high dose or multiple NSAIDs. The use of Proton Pump Inhibitors (PPIs) is recommended for short-term (4-8 weeks) treatment of medical conditions such as active duodenal ulcer disease, active benign gastric ulcer, erosive esophagitis, heartburn and other symptoms associated with gastroesophageal reflux disease (GERD). Documentation fails to show that the injured worker has a gastrointestinal condition to support the use of a PPI. Furthermore, there is no evidence of current use of NSAIDs that would place the injured worker at increased use of a gastrointestinal event. The request for 1 prescription of Omeprazole 20mg is not medically necessary.

1 prescription of Cialis 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel.

The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.; 2005. Various p. [78 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation UpToDate, Cialis.

Decision rationale: Cialis is recommended for the treatment of Erectile Dysfunction and signs and symptoms of benign prostatic hyperplasia. The injured worker is diagnosed with Erectile Dysfunction, treated with Cialis. Documentation fails to show improvement in symptoms with the use of this medication. With the continued use of Cialis not being justified, the request for 1 prescription of Cialis 20mg is not medically necessary.

1 prescription of Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, sleeping pills can be habit-forming and are recommended only for short-term (7 - 10 days) treatment of insomnia. They may impair function and memory more than opioid pain relievers. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Documentation indicates that the injured worker has been prescribed Ambien for at least 6 months, but there is no notable diagnosis of Insomnia or other sleep disorders. The request for 1 prescription of Ambien 10mg is not medically necessary.

Unknown nursing supervision of medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Health Services.

Decision rationale: Per guidelines, Home health service is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. There is lack of evidence supporting that the injured worker is homebound or the request for services that would require the judgment, knowledge, and skills of a qualified

licensed nurse. The request for Unknown nursing supervision of medication is not medically necessary.

1 prescription of Butrans patch 5cg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine , Opioids Page(s): 26, 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. Per guidelines, Butrans (Buprenorphine) is recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Documentation reveals that the injured worker has had no significant improvement in level of pain or function with chronic opioid use. Furthermore, there is indication of prior recommendation for weaning off this medication. Documentation also fails to show that the injured worker has history of opiate addiction to support the continued use of Butrans patch. With guidelines not being met, the request for 1 prescription of Butrans patch 5cg is not medically necessary.

1 prescription of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker is diagnosed with post laminotomy pain syndrome. Documentation fails to show a significant improvement in function to justify the ongoing use of Tramadol. The request for use of 1 prescription of Tramadol 50mg is not medically necessary.