

Case Number:	CM15-0130331		
Date Assigned:	08/18/2015	Date of Injury:	11/17/2009
Decision Date:	09/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 11-17-2009. The injured worker was diagnosed as having spondylosis with myelopathy, thoracic region, opioid type dependence, paraplegia, and neurogenic bladder, not otherwise specified. He was also documented to have morbid obesity. Treatment to date has included diagnostics, physical and occupational therapy, and medications. Currently, the injured worker complains of increasing peripheral edema with skin breakdown. He continued to require wound care for wound dehiscence from the thoracic laminotomy region, noting persistent wound drainage and purulence. He was on oral antibiotics. His blood pressure was 175 over 80. He had a healing right foot ulcer with granulation tissue with decreased purulence. One plus pedal edema was noted. His medications included Norco, Baclofen, Viagra, Flomax, and Ambien. He was documented as being provided a temporary mattress and required a permanent king sized mattress. Hydrochlorothiazide was prescribed at 12.5mg for daily use due to foot edema and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 12.5mg (unspecified quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veterans Affairs, Department of Defense; 2014 Oct 135 p.-Diagnosis and management of Hypertension working group.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, hydrochlorothiazide.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment for hypertension. The patient has documented hypertension with no contraindication to taking the medicine. Therefore the request is medically necessary.

1 king sized 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 (ODG), 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) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not medically necessary.