

<b>Case Number:</b>	CM15-0136715		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63-year-old male, who sustained an industrial injury on February 28, 2014, incurring right knee and low back injuries after a slip and fall. He was diagnosed with a severe tear in the medial meniscus of the right knee and lumbar disc disease. Treatment included pain medications, physical therapy, anti-inflammatory drugs, knee injections, ace wraps, bracing and work restrictions. He underwent right knee surgical repair of the meniscus tear. Currently, the injured worker complained of persistent low back pain and leg radiculopathy. The treatment plan that was requested for authorization included prescriptions for Colace, Flexeril and Norco; and a 3 in 1 commode; walker; cold therapy unit with pad; and one shower bench.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3-1 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 (ODG), Knee and low back chapter - Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This injured worker has chronic pain and was using a cane for mobility. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to ambulation or transfers or why a 3 - 1 commode is medically indicated versus use of a regular toilet. The medical necessity of a 3 - 1 commode is not substantiated in the records.

**1 walker:** 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), Knee and low back chapter - Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This injured worker has chronic pain and was using a cane for mobility. A cane is typically used to minimize the weight over a joint to reduce pain or to help with balance with leg weakness. Canes help most when the gait issue is one sided or mild. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to gait or function or why a walker is indicated in addition to the cane. The medical necessity of a walker is not substantiated in the records.

**1 purchase of cold therapy unit with pad:** 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), Knee and low back chapter - Durable medical equipment (DME).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358.

**Decision rationale:** This injured worker has chronic pain. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated in the records.

**1 shower bench:** 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), Knee and low back chapter - Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This injured worker has chronic pain and was using a cane for mobility. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to ambulation or transfers or bathing and why a shower bench is medically needed. The medical necessity of shower bench is not substantiated in the records.

**90 tablets of Colace 100mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: management of chronic constipation.

**Decision rationale:** Colace is a stool softener. In this injured worker, he has been prescribed an opioid analgesic, which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Colace.

**90 tablets of Flexeril 10mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

**Decision rationale:** Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of flexeril is not substantiated in the records.

**90 tablets of Norco 5-325mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The records fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.