

Case Number:	CM15-0140474		
Date Assigned:	07/30/2015	Date of Injury:	01/16/2003
Decision Date:	09/16/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 Jersey

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 67 year old male, who sustained an industrial injury on 01-16-2003. He has reported injury to the head, neck, and low back. The diagnoses have included neck pain, status post two surgeries in 2004 and 2005; low back pain, status post three surgeries in 2009 and 2010; left foot drop and left lower extremity weakness following his lumbar surgery; and eye complaints with double vision following his blow to the head. Treatment to date has included medications, diagnostics, bracing, walker, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Tramadol, Naprosyn, Colace, and Senna. A progress report from the treating physician, dated 06-11-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck and low back pain; he had a fusion surgery on 05-05-2015 through Medicare; he is taking Tramadol which is bringing his pain from a 7 out of 10 to a 4 out of 10 in intensity; he had bad side effects from the Norco which was given to him in the hospital; he is taking Senna 5 times a day for constipation; he would like a motorized scooter to help him get around; he needs a hospital bed at home as well as in-home healthcare about 3 hours a day, 5 days a week; he is really struggling and needs a lot of assistance from his family who is not always around to help him get up out of bed and help him get to the bathroom; and he is going to some physical therapy and struggling with some of the activities they are having him do. Objective findings included he is wearing a back brace and walking slowly with his front-wheeled walker; he has a very difficult time with his mobility; and he is limited on his ability to walker very far with his walker. The treatment plan has included the request for Tramadol 50mg 3300; three-month rental of hospital bed; motorized scooter; and home health care 3 hours a day for 5 days a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the intention to use this limited number of pills of Tramadol for post-surgical pain and intolerance to other opioid trials, it seems reasonable in the setting described in the notes and appeal provided for review. There was also record of pain level reduction and functional gains with its use. Therefore, the Tramadol will be considered medically necessary at this time as long as the intention is to wean the worker down following the filling of this prescription.

Three month rental of hospital bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual, Chapter 1, Part 4 (Section 280.7).

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 section, Mattress selection.

Decision rationale: The MTUS Guidelines do not address firm mattresses as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended to use firmness as the sole criteria. Unfortunately, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain, and mostly 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 the case of this worker, the request for a hospital bed rental was intended to help the worker get up and out of bed with more ease, compared to a regular bed. However, there was no evidence provided that the worker's upper body strength was insufficient for this if bed rails or other tools were used with the existing bed as this was not tried yet, according to the notes. Therefore, the request for a hospital bed will be considered medically unnecessary at this time.

Motorized scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs), p. 99.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that in cases of chronic pain from a previous injury, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In the case of this worker, there was previous use of a wheeled walker which challenged the worker when used at long distances. However, there was no record of having trialed and failed a wheelchair for these longer distance needs before considering a motorized scooter. Therefore, the motorized scooter will be considered medically unnecessary at this time.

Home health care 3 hours a day for 5 days a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services p.51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or “intermittent” basis, generally up to no more than 35 hours per week. The MTUS also clarifies that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In the case of this worker, although the worker could benefit from a home health care worker or anybody to help the worker with general home tasks, there was insufficient evidence presented to suggest this would be for specific medical treatment. The worker also does not appear to be homebound. Therefore, the request for home health care will be considered medically unnecessary.