

Case Number:	CM15-0194466		
Date Assigned:	10/08/2015	Date of Injury:	07/19/2000
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial-work injury on 7-19-00. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spinal stenosis, lumbosacral spondylosis, and lumbosacral neuritis. Treatment to date has included medication and surgery (evacuation of spinal abscess and laminectomy at L2-S1). Currently, the injured worker complains of chronic low back and right leg pain, spinal abscess with leg weakness requiring a walker. Symptoms are rated 2 out of 10 with medication and 10 out of 10 without. Medications are helpful and include Methadone 10 mg, Roxicodone 30 mg, and Norco 10-325 mg. There is no aberrant behavior. Per the primary physician's progress report (PR-2) on 9-1-15, exam reveals no acute distress, pain with extension, lateral bending, tenderness over the bilateral facet joints, pain with flexion, and no neurological deficits. Current plan of care includes continue with medications, bed repair, and follow up. The Request for Authorization requested service to include one (1) prescription of Norco 10/325mg #180 and one (1) bed repairs. The Utilization Review on 9-24-15 modified the request for one (1) prescription of Norco 10/325mg #66 and denied one (1) bed repairs, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/01/15 with right hip pain rated 2/10 with medication, 10/10 without. The patient's date of injury is 07/19/00. Patient is status post lumbar laminectomy at L2-S1 level and evacuation of spinal abscess in 2003. The request is for ONE (1) PRESCRIPTION OF NORCO 10/325MG #180. The RFA is dated 09/01/15. Physical examination dated 08/03/15 reveals tenderness to palpation of the lumbar spine and facet joints, decreased range of motion in all planes, atrophy and decreased strength in the bilateral lower extremities. The patient is currently prescribed Methadone, Norco, X-viate, Ditropan, Neurontin, and Xanax. Patient is currently classified as permanently disabled. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Norco for the management of this patient's chronic lower back pain, the request is appropriate. Progress note dated 09/01/15 notes that this patient's medications reduce her pain from 10/10 to 2/10. Addressing functional improvements, the provider states that "Without them she could do no activity. She needs them to function including doing some light housework, walking up to a mile with breaks. She is able to do some driving, grocery shopping. Without medications she would not be able to do these things." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors. Utilization review non-certified this request on grounds that "While the daily opiate dose represented by the prescribed Norco is within acceptable levels, the overall use of opiates, including Norco, has not provided significant functional improvement." While utilization review does not consider being able to engage in at least some of her activities of daily living to be significant functional improvement, this patient is presents with significant surgical history and disability, and as a result such "insignificant" activities constitute the maximum level of function to be attained. In this case, the documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity- specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's

documentation as required by MTUS, continuation of this medication is substantiated. The request IS medically necessary.

One (1) bed repairs: Overturned

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 and Leg Chapter, under Durable Medical Equipment.

Decision rationale: The patient presents on 08/03/15 with right hip and lower back pain rated 2/10 with medication, 10/10 without. The patient's date of injury is 07/19/00. Patient is status post lumbar laminectomy at L2-S1 level and evacuation of spinal abscess in 2003. The request is for ONE (1) BED REPAIRS. The RFA is dated 08/19/15. Physical examination dated 08/03/15 reveals tenderness to palpation of the lumbar spine and facet joints, decreased range of motion in all planes, atrophy and decreased strength in the bilateral lower extremities. The patient is currently prescribed Methadone, Norco, X-viate, Ditropan, Neurontin, and Xanax. Patient is currently classified as permanently disabled. Official Disability Guidelines, Knee and Leg Chapter, under Durable Medical Equipment (DME) has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the bed repairs, the request is appropriate. Per progress note dated 08/03/15, the provider states: "her bed needs new remote controls. Without them she cannot adjust her bed and it was repaired with new pieces but they don't work with the old remote control." Utilization review non-certified this request on grounds that: "With respect to bed repairs, this is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review as described within LC4610 and 8CCR9792 et seq. Because this service is not within the scope of utilization review. This outcome is purely procedural, and is not intended and should not be interpreted as a valid opinion regarding whether this service is or is not necessary, and is or is not compensable. [sic]" In this case, the patient presents with significant disability, incontinence, and per 08/03/15 progress note requires regular antibiotic treatment to keep "decubitus abscesses at bay." Therefore, the maintenance of the already-purchased (and subsequently repaired) hospital bed is of utmost importance to ensure that this patient is able to regularly change position to ensure proper skin circulation. Therefore, the request IS medically necessary.