

<b>Case Number:</b>	CM14-0165610		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/22/2006
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 38-year-old male who reported injuries due to a motor vehicle accident on 11/22/2006. On 03/11/2014, his diagnoses included status post total hip replacement with pain, leg length discrepancy, left knee pain, HNP, and gait abnormality. His complaints included moderate to severe lower back pain radiating to the back of the left ankle and bilateral hip pain. His analgesic medications included Exalgo 24 mg, Norco 10/325 mg, Flector patches, and OTC NSAIDs/Tylenol. There was no rationale included in this injured worker's chart. A Request for Authorization for the Norco dated 04/30/2014 was included, as was a request for authorization for the gel pad on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one Gel Seat Cushion:** Upheld

**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 & Leg, Durable medical equipment (DME).

**Decision rationale:** In The Official Disability Guidelines, durable medical equipment (DME) is generally recommended if there is a medical need and if the device or system meets Medicare's definition of DME, which is defined as equipment which can withstand repeated use, for example, could normally be rented by successive patients and is primarily and customarily used to serve a medical purpose. There was no objective clinical evidence submitted regarding the need for a gel seat cushion. This injured worker was ambulatory. The need for this piece of equipment was not clearly demonstrated in the submitted documentation. Additionally, the request did not specify whether this was to be a rental or a purchase, nor did it specify the size of the cushion. Therefore, this request for one Gel Seat Cushion is not medically necessary and appropriate.

**Norco 10/325 mg #25 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95..

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #25, with 1 refill, is not medically necessary.