

Case Number:	CM14-0211313		
Date Assigned:	12/23/2014	Date of Injury:	08/08/2012
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2002. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve requests for morphine, Norco, a ThermaCare heat wrap, a shower chair, and a urine drug screen. The claims administrator referenced November 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an appeal letter received on December 9, 2014, the attending provider posited that usage of Norco, Percocet, and morphine was allowing the applicant to get up out of bed in a daily basis. The attending provider stated that the applicant was not engaged in drug seeking behavior and that the applicant's medication consumption was diminishing her pain scores. On November 7, 2014, the applicant reported persistent complaints of low back pain, 6/10. The applicant felt depressed and anxious. Stiffness and limited range of motion were evident. The applicant was using long-acting morphine twice daily and Norco three times daily for breakthrough pain. The applicant's medications include Colace, oral Toradol, Lexapro, morphine, Norco, Wellbutrin, and Zanaflex. The applicant was still smoking every day, it was acknowledged. Multiple medications were refilled. The applicant exhibited a normal gait despite multiple palpable tender points. The applicant was given prescriptions for morphine, Norco, a shower chair, and ThermaCare heat wraps. The attending provider stated that the applicant felt unstable at times in the shower. Somewhat incongruously, the attending provider then stated that the applicant was able to transfer without any assistance, was able to ambulate normally, and was able to drive without assistance. The attending provider stated that he was encouraging the

applicant to walk for exercise. The attending provider acknowledge at the bottom of the report that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Morphine ER 30 mg # 60 between 1/6/2015 and 1/19/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was not working, it was acknowledged on November 17, 2014. The attending provider's commentary to the effect that the applicant's ability to get up out of bed on a daily basis does not, in and of itself, constitute evidence of meaningful or substantive improvement achieved as a result of ongoing morphine usage. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg #90 between 12/6/2014 and 1/19/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on November 17, 2014. The attending provider's commentary to the effect that the applicant's ability to get up out of bed on a daily basis was improved as a result of ongoing opioid therapy does not, in and of itself, constitute evidence of meaningful or substantive improvement achieved as a result of the same. Therefore, the request is not medically necessary.

1 prescription of Norco 10/325mg #90 between 1/6/2015 and 1/19/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on November 17, 2014. The attending provider's commentary to the effect that the applicant's ability to get up out of bed on a daily basis was improved as a result of ongoing opioid therapy does not, in and of itself, constitute evidence of meaningful or substantive improvement achieved as a result of the same. Therefore, the request is not medically necessary.

6 thermacare large/xlarge back/hip bandage: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back (acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Table 12-5. Decision based on Non-MTUS Citation Product Description

Decision rationale: The ThermaCare heat wrap, per the product description, represents a low-tech, inexpensive means of applying heat therapy. The MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does acknowledge that simple, low-tech applications of heat and cold such as the ThermaCare heat wraps at issue are recommended as options in the management of low back pain as was/is present here. Given the low-tech, inexpensive nature of this request and the limited potential for adverse effects, provision of ThermaCare heat bandages was indicated on or around the date in question. Therefore, the request is medically necessary.

1 shower chair: 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 and Leg Chapter, Durable Medical Equipment

Decision rationale: The California MTUS Guidelines do not address the topic. While the Official Disability Guidelines, does acknowledge that shower chairs, toilet seats, whirlpools, etc., may be medically necessary when part of the treatment plan for injury, infection, or conditions with physical limitations, in this case, however, it does not appear that the applicant has a condition, which would support provision of the shower chair. The applicant was described as possessed of a normal gait on the November 17, 2014 office visit on which the article in question was sought. The applicant was asked by her attending provider to perform home exercises. It

does not appear, thus, that the applicant has a condition or conditions, which would compel provision of the shower chair. Therefore, the request was not medically necessary.