MAXIMUS Federal Services

Case Number:	CM14-0212139		
Date Assigned:	01/02/2015	Date of Injury:	12/14/2000
Decision Date:	02/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/17/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60-year-old male with an injury date of 12/14/2000. Based on the 11/24/14 progress report, patient reports pain in multiple joints: left wrist pain, right anterior thigh pain, and intermittent neck pain with left and right rotation. He also reports difficulty performing peri-care after a bowel movement. Range of motion exam in both shoulders are diminished, with pain with dorsiflexion of the hand and plantar flexion of the hand at the wrist with pain and tenderness at the carpometacarpal joints and thumb. Exam of the left foot shows marked tenderness over the insertion of the plantar fascia on the left heel. Diagnoses for this patient are: Pathologic fracture of tibia ad fibula-Pathologic fracture of neck of femur; Adhesive capsulitis of shoulder; Other tear of cartilate or meniscus of knee, current-Attention to colostomy; Acute gastritis, without mention of hemorrhage; Primary thromobocytopenia-C(5)-C(7) level with central cord syndrome; Other testicular hypofunction; Osteoarthritis of knee. Work status as of 11/24/14: Remain off-work, temporarily disabled. The utilization review being challenged is dated 12/16/14. The request for a washlet was denied as "most bathroom and toilet supplies do not customarily serve a medical purpose and primarily used for convenience in the home." Request for the Norco was modified to a quantity of 162 to allow for initiation of a taper. The MRI was denied as there is "no documentation to support radiculopathy or other progressive neurological condition." The request is for DME - washlet Qty: 1, Norco 10/325mg Qty: 180, and MRI of the cervical spine Qty: 1. The requesting provider has provided reports from 6/04/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: washlet Qty: 1.00: 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)

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: This patient presents with difficulty performing peri-care after bowel movements. The treating physician requests DME - Washlet QTY: 1 per report dated 11/24/14 as patient is status post bilateral repair of rotator cuff, but "persistent loss of range of motion" resulting in difficulty performing peri-care. According to ODG guidelines, "most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home" and "medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, though, certain DME toilet items are medically necessary if the patient is bedridden or room-confined. Per the 11/24/14 report, patient complains of difficulty performing peri-care after a bowel movement and has already broken two toilet seats. Patient is status post bilateral repair of rotator cuff and diminished range of motion in both shoulders with a history of acute gastritis with recurrent bowel obstructions (though no recurrence is reported at present time). This patient is neither bedridden, nor room-confined. Furthermore, the 11/24/14 report, patient is "able to get on and off my table exam without difficulty," in addition, "patient goes to the gym for 2.5 hours 2-3 times per week." While patient may require education regarding performing peri-care within his home environment, a washlet is not warranted as a medical necessity. The request is not medically necessary.

Norco 10/325mg Qty: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: This patient presents with chronic pain. The treating physician requests Norco 10/325MG QTY: 180 per the 11/24/14 report, as "patient still has multiple areas of pain and is not increasing his use of Norco."Regarding use, opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options. If used on a long-term basis, the criteria for use of opioids should be followed as outlined by MTUS guidelines, pages 88 and 89: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Also, MTUS

page 78, requires documentation of the four As (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. Patient has chronic pain with multi-joint pain and has been taking three Norco 10/325 since 6/04/14. Review of submitted reports do not indicate a tapering to wean-off the use of Norco, nor any documentation of the four A's (Analgesia, ADL's, Adverse effect, Aberrant behavior). Given the lack of discussion to taper opioid use and the absence of documentation of the four as, as required by MTUS guidelines, modification in the quantity seems appropriate, to initiate a tapering schedule. Although the patient is not "increasing his use of Norco," on-going use of Norco is not medically necessary.

MRI of the cervical spine Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: This patient presents with some intermittent neck pain, which seems to occur when he rotates his neck to the left or right. The treating physician requests MRI of the Cervical Spine Qty: 1 per report dated 11/24/14, as it has been three years since his last MRI scan and patient presents with arthritic changes. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. ODG guidelines support MRIs for neurologic signs or symptoms that have not improved with conservative care. Per the 11/24/14 report, patient last had an MRI in June of 2011, which showed only "mild radiculopathy." Patient reports intermittent neck pain which seems to occur with neck rotation to the right or left and the pain is predominantly on the right side. Review of submitted records do not indicate nor suggest a new injury, progressive neurologic findings or symptoms, or the emergence of red flags (i.e. paralysis). Intermittent neck pain that occurs with rotation to the neck or right does not establish a clinical picture indicative of a repeat cervical MRI as medically warranted. The request is not medically necessary.