

<b>Case Number:</b>	CM15-0121245		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/19/1988
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, North Carolina  
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 (IW) is a 68-year-old female who sustained an industrial injury on 10/19/1988. Diagnoses include myalgia; lumbar radiculopathy; lumbar degenerative disc disease; chronic pain syndrome; and bilateral shoulder pain. Treatment to date has included medications, epidural steroid injections (ESI), activity modifications, massage therapy and chiropractic therapy. According to the progress notes dated 2/18/15, the IW reported back pain radiating into the bilateral lower extremities. She reported 50% pain relief for three months from the ESI on 7/8/14. She was continuing chiropractic treatment for her hip. She complained of aching pain in her shoulder, low back, buttocks and thighs. She also reported numbness in the right thigh. The notes indicated the IW had enough pain relief with Percocet, Oxycontin and Norco that she could walk around the house and spend some time outside. Pain was rated 9/10 without pain medications and 4/10 with them. On examination, there was tenderness over the L4-5 and L5-S1 lumbar paraspinals, pain with lumbar flexion and extension and straight leg raise was positive bilaterally. Lumbar spine MRI on 7/1/14 found multilevel disc bulging, facet degenerative changes and central canal and foraminal narrowing at the L2 through S1 levels. A request was made for a portable raised toilet seat with handles; Percocet 10mg, #45; Norco 10mg, #150; and Oxycontin 30mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Portable raised toilet seat with handles 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), Knee & Leg.

**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 (Durable Medical Equipment).

**Decision rationale:** CA MTUS does not address. In this case there are no objective findings of weakness in the lower extremities to justify a portable raised toilet seat with handles. To qualify for this durable medical equipment, a patient must have profound lower extremity weakness, which in this case is not present. Therefore this request is not medically necessary or appropriate.

**Percocet 10mg Qty: 45.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS recommends the lowest possible dose of opioids for chronic pain in order to improve pain and function. This patient is also taking another short-acting opioid, Norco. Two short-acting opioids taken concurrently is not recommended. There is also no documentation submitted regarding objective improvement in pain relief or function to justify the continuing use of Percocet. The request is not medically necessary.

**Norco 10mg Qty: 150.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-80, 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS recommends the lowest possible dose of opioids for chronic pain in order to improve pain and function. This patient is also taking another short-acting opioid, Percocet. Taking two short-acting opioids concurrently is not recommended. There is also no evidence of objective improvement in pain relief or function documented. Therefore the request for Norco is not medically necessary.

**Oxycontin 90mg Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that ongoing use of opioids for chronic pain must be justified by improvement of the patient's pain or function. In this case there is no documentation submitted to justify decrease pain or improved function on Oxycontin. Therefore the request is not medically necessary or appropriate.