

Case Number:	CM15-0146984		
Date Assigned:	09/04/2015	Date of Injury:	03/09/2011
Decision Date:	10/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 is a 54 year old female, who sustained an industrial injury on 03-09-2011. The injured worker is currently permanent and stationary. Current diagnoses include C5-6 and C6-7 disc degeneration, lumbar spondylosis, bilateral sacroiliac dysfunction, L3-S1 facet arthropathy status post radiofrequency ablation, and chronic intractable pain. Treatment and diagnostics to date has included use of medications, sacroiliac joint injection, and urine drug screen dated 07-13-2015 was inconsistent with prescribed medications. Current medications include Ibuprofen, Omeprazole, Norco, Restoril, Movantik, Amitriptyline, Citalopram, Lorazepam, and Sennalax. In a progress note dated 07-06-2015, the injured worker reported lower back pain which radiates down to the bilateral lower extremities noted to be rated as 10 out of 10 on the pain scale without medications and 8-9 out of 10 with medications. Objective findings included an antalgic gait, tenderness to palpation to the sacroiliac joints bilateral and over the lumbosacral junction, decreased sensation over the left L4 and L5 dermatomes, and positive straight leg raise test. The physician also noted that lumbar spine MRI dated 02-10-2015 showed severe facet arthropathy at L3-S1, mild lateral recess stenosis at L3-4 and L4-5, and moderate disc height loss at L2-5. The Utilization Review report dated 07-27-2015 denied the request for shower chair and pedicure every other month x 6, and modified the request for Norco 10/325 #120 to Norco 10/325 #90 to begin the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shower chair 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, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

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 and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The use of a shower chair is medically indicated when there is an inability due to physical disabilities to stand in a shower or an inherent fall risk in the shower again due to documented disabilities. The patient has a documented antalgic gait but no other noted physical weaknesses or ataxia/imbalance which would require a shower chair. Therefore the request is not medically necessary.

Pedicure every other month (total pedicure) QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM chapter on foot and ankle complaints does not list the requested service as a recommended physical treatment for any foot or ankle complaint. The request is for a pedicure, which is a cosmetic procedure usually administered by a non-medically licensed professional. The patient has no documented foot or nail conditions such as diabetes, which would require specialty nail trimming. The treating physician has not provided a specific and sufficient analysis of the injured worker's condition with reference to physical deficits preventing her from touching her feet. The treating physician has not provided medical indications for cosmetic care of the nails in the form of a pedicure. Therefore the request is not medically necessary.

Norco 10/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and Opioids, Pain Chapter, Opioids.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable improvement in function and pain. There is no significant documented improvement in pain such as a VAS score (pain only decreased from a 10/10 to a 8-9/10. There is no objective measure of improvement in function. The injured worker is described as having very poor daily function, even for performance of light activities of daily living. The patient is currently not working. There is no documented improvement in activities or ADL/s due to the medication. There is also a reported drug test positive for alcohol. This was not addressed by the treating physician. The Official Disability Guidelines recommend against intake of alcohol while using opioids. For all the reasons, set forth above, ongoing and continued use of opioids have not been met. Therefore the request is not medically necessary.