

Case Number:	CM15-0071537		
Date Assigned:	04/21/2015	Date of Injury:	01/01/1997
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, 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 Tristar Risk Management beneficiary who has filed a claim for chronic pain syndrome reportedly associated with cumulative trauma at work between the dates January 1, 1997 through July 1, 1997. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve requests for a Toradol injection, Tempur-Pedic mattress, and bedside commode. The claims administrator referenced several historical UR reports and a January 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant was diagnosis of morbid obesity, hypertension, non-cardiac chest pain, sleep apnea, and diabetes. On December 9, 2014, the applicant reported ongoing issues with bilateral shoulder pain, reportedly severe, interfering housekeeping and cooking activities. The applicant was given a Toradol injection and Motrin for pain relief. A Tempur-Pedic mattress and bedside commode were also endorsed. The applicant's gait was not clearly described or characterized. The applicant's work status was not detailed, although it did not appear that the applicant was working. In a separate note dated December 18, 2014, it was acknowledged that the applicant had retired from her former place of work. The applicant apparently had various foot and toe issues, which were of some concern given her diabetes it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain, General Principles of Treatment, Medications, Table 11: Dosing for Opioids. "[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculoskeletal LBP."

Decision rationale: No, the request for a Toradol injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of injectable ketorolac or Toradol. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that a single dose of injectable ketorolac or Toradol is a useful alternative to a single moderate dose of opioids for the management of applicants who present to the emergency department with severe musculoskeletal low back pain, in this case, however, the applicant presented with chronic shoulder pain. There was no mention of the applicant's having any flare in shoulder pain complaints. The applicant was apparently presenting on a scheduled basis, for known, longstanding chronic shoulder pain. There was no evidence of an acute flare in symptomatology, which would have compelled usage of injectable Toradol on or around the date in question, December 19, 2014. Therefore, the request was not medically necessary.

Queen Size Tempur-pedic mattress/boxspring set: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, regarding mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AACOEM V.3, Low Back, Devices, Sleeping Surfaces. Recommendation: Other Sleeping Surfaces for Treatment of Low Back Pain. There is no recommendation for or against the use of optimal sleeping surfaces (e.g., bedding, water beds, and hammocks) for treatment of low back pain. It is recommended that patients select mattresses, pillows, bedding, or other sleeping options that are most comfortable for them. Strength of Evidence No Recommendation, Insufficient Evidence (I).

Decision rationale: Similarly, the request for queen size brand-name mattress and box-spring set was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that there is no recommendation for or against usage of optimal sleeping surfaces for the treatment of low back pain. Rather, ACOEM suggest that applicants select those mattresses, bedding, and/or other sleeping options, which are most comfortable for them. Thus, ACOEM

posits that mattresses, box-spring set, and the like, are articles of applicant preference. Therefore, the request was not medically necessary.

Bedside Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Durable medical equipment (DME).

Decision rationale: Finally, the request for a bedside commode was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee Chapter Durable Medical Equipment topic does acknowledge that DME toilet items such as commodes, bedpans, etc., are medically necessary in applicants who are bed- or room-confined, in this case, however, there was no mention of the applicant's being bed-confined or room-confined as of the December 19, 2014 office visit on which the article in question was endorsed. The applicant's gait, ambulatory status, and functional status were not clearly outlined on that date. There was no mention of the applicant's having significant physical impairment, which would preclude conventional usage of the restroom. Therefore, the request was not medically necessary.