

Case Number:	CM15-0122664		
Date Assigned:	07/06/2015	Date of Injury:	09/04/2010
Decision Date:	10/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 44-year-old female injured worker suffered an industrial injury on 09/04/2010. The diagnoses included cervicalgia major depressive disorder, organic anxiety syndrome, and persistent disorder of initiating or maintaining sleep. The injured worker had been treated with medications. On 5/21/2015, the treating provider reported there was a gait disturbance and incoordination. On exam, her mood was depressed. She appeared stiff, exhibited guarded movements, required assistance, walked with a limp. There were symptoms of possible patellar chondromalacia on the left knee. The UR indicated the injured worker used a cane for mobility. The injured worker had not returned to work. The treatment plan included Norco, Xanax, Active-Medicated Specimen Collection, Electric heavy Duty Scooter and Referral to Specialist regarding Scooter for Community Ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Norco 10/325mg #90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated this medication was prescribed for at least 1 year. There was no evidence of a comprehensive pain assessment and evaluation. There was no evidence of functional improvement. Therefore, Norco was not medically necessary.

Dispensed Xanax 0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Benzodiazepines does not recommend them for long term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. The documentation provided did not include an indication or symptoms for which the medication was prescribed. There was no evidence of evaluation of efficacy. This medication had been used for at least 1 year. Therefore, Xanax was not medically necessary.

Active- Medicated Specimen Collection: 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): Drug testing, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation <https://www.spectrum4med.com/active-medicated-specimen-collection-kit/>.

Decision rationale: Per MTUS and ODG guidelines urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. State and local laws may dictate the frequency of urine drug testing. The type of test requested includes a dose of furosemide, which is a diuretic and is to assist in urine collection in patients with urinary retention. There is no mention in the chart of urinary retention in the IW and routine urine for drug testing has already been approved. This request is not medically necessary.

Electric heavy Duty Scooter 22'': Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/leg - Power mobility device.

Decision rationale: Per MTUS and ODG, scooters are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Chart documents that the IW walks with a limp with no mention of deficits to the upper arms that would prevent use of a standard wheelchair or a walker. This request is not medically necessary.

Referral to Specialist regarding Scooter for Community Ambulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/leg - Power mobility device.

Decision rationale: Per MTUS and ODG, scooters are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury

recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Chart documents that the IW walks with a limp with no mention of deficits to the upper arms that would prevent use of a standard wheelchair or a walker. As the request for a motorized scooter has been deemed not medically necessary this request is also not medically necessary.