

Case Number:	CM13-0034201		
Date Assigned:	12/06/2013	Date of Injury:	10/16/2010
Decision Date:	02/06/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 65-year-old female who was injured on October 16, 2010. The clinical records for review indicate a September 3, 2013 progress report by [REDACTED] indicating neck pain, increasing in nature, radiating to the right arm as well as low back pain betting worse that she states has "never really been addressed". She states she has been working on "regular exercise" using a stationary bike and has recently lost 40 pounds. She still described continued pain. He states at that time that a request for a motorized scooter had been denied. He re-requested that at present and gives no documentation of formal findings. He also indicates renewal of medication to include Norco, Soma and Lidoderm patches. Working diagnoses, physical examination findings or recent imaging are not stated. The previous assessment of June 11, 2013 with [REDACTED]. [REDACTED] also fails to give physical exam findings or working diagnosis. Imaging is supportive of a prior Magnetic Resonance Imaging (MRI) scan of the cervical spine from January 2011 that showed the C5-6 level to be with a disc bulge with mild left neural foraminal narrowing and C7-T1 moderate facet changes with a 2 millimeter disc bulge and mild to moderate left foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAVEL MOBILITY SCOOTER-PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp, 18th edition, 2013 Updates, chapter: knee, Powered Mobility.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a motorized scooter in this case would not be supported. Guidelines in regards to power mobility devices are not recommended if the functional mobility device can be sufficiently resolved by the prescription of a cane or walker or if the patient has sufficient upper extremity function to propel a manual wheelchair. This request would not be supported first and foremost by the claimant's lack of a physical diagnosis, physical examination findings or documentation of functional deficit that would necessitate the need of the device in general. At last clinical assessment, it states that the claimant has been "regularly exercising" and had recently lost 40 pounds while using a stationary bike. This bit of information in and of itself is sufficient evidence to deny the use of a power mobility device for this claimant. The specific request would not be indicated at this time.

Prescription for Norco 10/325 Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Norco in this case also would not be supported. While the treating physician requests medications including Norco, he fails to give physical examination findings, a current working diagnosis or documentation of other forms of treatment that would support the continued role of this medication agent. Based on this lack of information, documentation would not support the need for continued short-acting narcotics at this chronic stage in clinical course of care. The specific Guideline criteria in regards as to when to discontinue opioids, indicates that there is no overall improvement in function. Records in this case do not support overall improvement in function given the claimant's clinical picture, therefore support of continued use of this opioid agent would not be indicated.

Prescription for Lidoderm Patch 5%, Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Lidoderm® (lidocaine patch). Page(s): 56-57.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued role of Lidoderm in this case. Lidoderm patches are indicated for

neuropathic pain after first line evidence of a trial of tricyclic antidepressants or a neuropathic medication such as Gabapentin or Lyrica has failed. Records do not support first line treatment with these agents. Guidelines would not support the role of Lidoderm for "non neuropathic pain". There appears to be no strong evidence to support its use in the chronic muscular pain setting. The claimant's clinical picture would not support the continued role of this agent.