

Case Number:	CM13-0036113		
Date Assigned:	01/22/2014	Date of Injury:	03/26/2007
Decision Date:	07/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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/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 injured worker is a 53-year-old male who reported an injury on 03/26/2007. The mechanism of injury was not provided. The clinical note dated 01/22/2014 noted the injured worker presented with lower back pain, left arm and leg numbness and tingling, and poor quality of sleep. There was increased tingling and pain in the left upper extremity and left lower extremity. The current medications include Senokot, Lodine, Gabapentin, Pristiq, Lunesta, MS-Contin, and Norco. Upon examination, the lumbar spine revealed loss of normal lordosis, restricted range of motion, spasm and tenderness upon palpation to the paravertebral muscles and hypertonicity, tenderness to the spinous process to L3, L4, and L5; there was straight leg raise, and motor testing limited to pain. The diagnoses were disc disorder of the lumbar, post lumbar laminectomy syndrome, and depression and anxiety. The provider recommended Norco and a motor scooter lift attachment on the vehicle. The injured worker stated that the motor scooter lift was installed on his car incorrectly, that his car was damaged and he has difficulty moving the scooter up on the lift. He noted the company installed incorrect wiring on the lift which damaged the lift and the vehicle. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MOTOR SCOOTER LIFT ATTACHMENT ON VEHICLE: 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), Pain (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, Power Mobility Device.

Decision rationale: The request for a motor scoot lift attachment on the vehicle is not medically necessary. The Official Disability Guidelines state that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the injured worker has sufficient upper extremity functional to propel a manual wheelchair, or this is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. 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 others assistive devices, a motorized scooter is not essential to care. The clinical documentation states that the injured worker has a slow gait, which is assisted by a power scooter. However, there is no functional deficit noted that would prevent the injured worker from self-propelling a manual wheelchair. As early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, a manual wheelchair would not be recommended. As the guidelines do not recommended a motor scooter, a motor scooter lift attachment would not be warranted. As such, the request is not medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Norco since at least 11/2013. The efficacy of the medication was not provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.