

Case Number:	CM13-0066579		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2010
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 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 50-year-old patient with an initial date of injury on March 1, 2013. The injured worker's diagnoses include chronic low back pain, history of clavicular fracture, shoulder Final Determination Letter for IMR Case Number CM13-0066579 3 pain, and anxiety. The disputed issue is a request for transportation to be provided for the injured worker to the treating physician's office. This is a request for a driver, but not ambulance or other specialized medical form of transportation. The submitted documentation includes a letter on December 17, 2013 which addresses the denial of service. The requesting physician points out that the patient was on oral morphine 60 mg 3 times a day as well as immediate release morphine 30 mg which he takes up to 5 times a day. The injured worker must drive 75 miles from his home to the treating physician's office for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED TRANSPORTATION FOR 3 MONTHS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins (Number 0218), Home Health Aides Policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Tara Gomes et al. Opioid Dose and Risk of Road Trauma in Canada: A Population-Based Study. JAMA 2013; 173(3): 196-201.

Decision rationale: Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." In the case of this request, the guidelines do not specifically address transportation. However it is noted that California state law forbids driving for persons under the influence of alcohol or any controlled substance. Any patient taking narcotic pain medication should only be recommended to drive if the patient's physician feels that they are capable of safely driving, and the pain medications are not impairing judgment. Furthermore, there are studies to suggest that the odds ratio of road trauma or accidents is higher in those with escalating daily dosages of opioids. In this case, the requesting healthcare provider feels that the patient is unsafe to drive and the patient must not do so. Therefore, the claims administrator should either provide for transportation for this injured worker, or refer the patient to a provider that is closer to his home, such that accessibility via public transportation may be an option. Given this, the injured worker should be granted transportation and this request is recommended for certification.