

<b>Case Number:</b>	CM14-0115632		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/16/1981
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 71 year old male with a work injury dated 11/16/81. The diagnoses include lumbar radiculopathy secondary to muscle spasm and epidural fibrosis, depression secondary to chronic pain syndrome and injury to the right shoulder. Under consideration is a request for a motorized wheelchair and Oxycontin 20mg, 1 tablet every 8 hours, #90 with 0 refills (Prescribed 06/30/2014). There is an 11/12/13 neurosurgical reevaluation that states that the patient presents with a history of back pain that has been associated with muscle spasm. This medical condition has been well controlled with a combination of Lyrica, Celebrex, and Ultram 50 mg for pain as well as using the Lidoderm patches. The patient has continued to use a front-wheel walker due to the proximal weakness of the patient's lower extremities. On exam the patient has strength of 4+/5 of the hip flexors bilaterally. The rest of the motor examination is intact with the exception that the patient has strength of 4+/5 of the right finger flexors and intrinsic muscles of the right hand. The gait is slow and he uses a front-wheel walker for ambulation and to maintain his equilibrium and balance. The document states the patient presents with a persistent muscle spasm of the lumbosacral musculature that causes pain as well as weakness of the hip flexors that compromises the patient's strength in both lower extremities. The patient has continued to lose weight since the patient underwent gastric bypass surgery on August 18, 2013, but in spite of losing weight, the patient's pain in the lower back has continued and requires treatment with medications. A 1/8/14 neurosurgical reevaluation states that the patient presents with a persistent back pain that has been associated with weakness and numbness sensation of the proximal legs. The patient also states that for the last four weeks, he has been having bowel incontinence. This is in addition to the urinary dribbling. The patient uses a front-wheel walker for ambulation. On exam the patient has strength of 4+/5 of the hip flexors bilaterally. The rest of the motor

examination is intact with the exception that the patient has strength of 4+/5 of the right finger flexors and intrinsic muscles of the right hand. The patient has sensory loss to light touch, pinprick, and two-point discrimination in the anterior thighs, more severe on the right side. The deep tendon reflexes are symmetric. The gait is slow and he uses a front-wheel walker for ambulation and to maintain his equilibrium and balance. There is severe muscle spasm in the lumbosacral musculature. The discussion states that the patient presents with a persistent back pain that has been associated with muscle spasm of the lumbosacral musculature. The patient was recommended to continue walking long distances as well. A 6/30/14 document states that the patient presents with a severe back pain that has been associated with muscle stiffness of the back muscles that extends into the patient's lower back that causes the patient's problems in walking. The patient has been falling with a walker and was recommended to have a motorized wheelchair since the patient can no longer walk longer distances with the walker. The Norco has not been effective in controlling the pain; therefore, the patient was given a prescription to take OxyContin 20 mg one tablet every eight hours. The physical exam is unchanged from the 1/18/14 document. The patient is permanently disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Motorized Wheelchair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Power mobility devices (PMDs) p.99 Acupuncture Medical Treatment Guidelines Page(s): 99.

**Decision rationale:** A motorized wheelchair is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The guidelines also state that 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 a motorized mobility device is not essential to care. The documentation submitted reveals that the patient can use a walker. There is no evidence of insufficient upper extremity function to require a motorized wheelchair and therefore this request is not medically necessary.

**Oxycontin 20mg, 1 tablet every 8 hours, #90 with 0 refills (Prescribed 06/30/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate Release, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Opioids, dosing; Routine long-term opioid therapy, Clin Pharmacol Ther. 2006 May;79(5):461-79. Pharmacokinetics and pharmacodynamics of oral oxycodone in healthy human subjects: role of circulating active metabolites., <http://www.purduepharma.com/PI/Prescription/Oxycontin.pdf> - Package insert

Oxycontin, CT: Purdue Pharma L.P. 2007-11-05, AHFS Drug Information. Oxycodone (28:08.08) - 382132. American Society of Health-System Pharmacists. March 2008.

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

**Decision rationale:** Oxycontin 20mg, 1 tablet every 8 hours, #90 with 0 refills (Prescribed 06/30/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient was previously prescribed Norco and now there is a request for Oxycontin. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The documentation does not indicate that opioids have helped this patient's pain or function to a significant degree therefore the request for Oxycontin 20mg, 1 tablet every 8 hours, #90 with 0 refills (Prescribed 06/30/2014) is not medically necessary.