

<b>Case Number:</b>	CM14-0139195		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 08/19/2003. The mechanism of injury was a left knee injury. On 08/28/2014, the injured worker presented with left hip pain. Current medications include MSER. Upon examination, there was tenderness to the paravertebral muscles of the lumbar spine and a muscle spasm from L1-S1. Diagnoses were lumbar disc displacement, degeneration of the lumbar discs, facet syndrome of the lumbar, sacroiliac ligament sprain/strain, and opioid induced constipation. The provider recommended a spine consultation, motorized scooter, and MSIR. The provider's rationale was not provided. 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 Spine Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6,

**Decision rationale:** The request for 1 Spine Consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in the assessing of the diagnosis, prognosis, therapeutic management, determination of medical disability, and permanent residual loss, and/or examine fitness to return to work. There is no clear rationale to support the need for a spine consultation. There is lack of documentation on how a spine consultation will provide in a treatment plan or goals for the injured worker. As such, medical necessity has not been established.

**1 Motorized Scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Power Mobility Devices.

**Decision rationale:** The request for 1 Motorized Scooter is not medically necessary. The Official Disability Guidelines do not recommend power mobility devices or a motorized scooter 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 function to propel 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 other assistive devices, a motorized scooter is not essential to care. As the guidelines do not recommend a power mobility device, a motorized scooter would not be indicated. As such, medical necessity has not been established.

**MSIR 30 MG #1240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Morphine Page(s): 96.

**Decision rationale:** The request for MSIR 30 MG #1240 is not medically necessary. The California MTUS Guidelines did not recommend oral morphine as a primary treatment for persistent pain. The use of opioid analgesics for chronic noncancer patient pain is controversial. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the efficacy of the prior use of the medication, evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**MSER 100 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oral Morphine Page(s): 96.

**Decision rationale:** The request for MSER 100 MG #60 is not medically necessary. The California MTUS Guidelines did not recommend oral morphine as a primary treatment for persistent pain. The use of opioid analgesics for chronic noncancer patient pain is controversial. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the efficacy of the prior use of the medication, evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.