

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0034437 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 06/06/1978 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2014 |

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 70 year old male who was reportedly injured on June 6, 1978. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 26, 2014, indicated there was a request for the need of a new scooter, as the old scooter was 10 years old and needed repairs. The scooter was used to go to the mailbox, bring wood to the house, water the garden, and go up a hill to his shop. The injured employee was only able to stand and walk for 15 minutes, and he lived alone. Current medications include Diazepam, Lyrica and Tramadol. The physical examination demonstrated a severe antalgic gait with the use of a cane and a leg brace. There was a painful range of motion with the left knee. Decreased sensation was noted in the left foot, and there was an absent patellar and Achilles tendon reflex. A request was made for a new scooter and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Scooter:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Powered mobility device.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Powered mobility device, updated June 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a powered scooter is not recommended 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, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. The injured employee ambulates with a severe antalgic gait and can only do so for 15 minutes at a time. According to the previous utilization management review, dated March 3, 2014, the request for a new scooter was denied, as it was not stated what was wrong with the old scooter or if it can be repaired. The progress note dated June 26, 2014 stated that the injured worker needed a new electric motor, and there was nobody that did these repairs. Accordingly, this request for a new scooter is medically necessary.

**Tramadol ER 100 mg tablet, extended release 24 hr. tablet, 1-2, QTY: 60; Refill: 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and Leg Chapter and Pain Chapter; Lexi-Comp, 2008; Kumar, 2003.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 -9792.26 (Effective July 18, 2009) Page(s): 78 OF 127.

**Decision rationale:** The medical records provided for review did not indicate the efficacy the injured employee achieved from using Tramadol. Additionally, this medication is an opioid and specific pain relief should be objectified along with documentation concerning side effects, increased ability to perform activities of daily living, and potential aberrant behavior. This request for Tramadol is not medically necessary.

**Lyrica 100 mg capsule, 1; QTY:90; Refill: 5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 16 of 127 Page(s): 16 OF 127.

**Decision rationale:** The medical records provided for review does not contain any evidence regarding the efficacy of Lyrica for the injured employee or any documentation on physical examination of the presence of a neuropathy or radiculopathy. As such, the request is not medically necessary and appropriate.