

Case Number:	CM14-0198910		
Date Assigned:	12/09/2014	Date of Injury:	11/17/2006
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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:

This 56 year-old patient sustained an injury on 5/10/07 while employed by the [REDACTED]. Request(s) under consideration include Motorized and Electric Scooter, Ibuprofen 200 MG Take 1 Tab Twice Daily #60, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90. Diagnoses include chronic depressive personality disorder, carpal tunnel syndrome, and myalgia/myositis. Conservative care has included medications, therapy, pool program, and modified activities/rest. Report of 10/14/14 from the provider noted the patient with chronic ongoing total body pain, chronic fatigue and sleep difficulty. Exam showed patient using a scooter, appeared depressed noting "no joint swelling, no rheumatoid arthritis deformities, normal neurological exam." Treatment plan included continuing medications listing Lyrica, Gabapentin, Flurbiprofen, Fluoxetine, Tramadol, and Sonata along with new scooter to assist with mobilization. The request(s) for Motorized and Electric Scooter was denied, Ibuprofen 200 MG Take 1 Tab Twice Daily #60 was modified, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90 was certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized and Electric Scooter: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter Page(s): 100.

Decision rationale: This 56 year-old patient sustained an injury on 5/10/07 while employed by the [REDACTED]. Request(s) under consideration include Motorized and Electric Scooter, Ibuprofen 200 MG Take 1 Tab Twice Daily #60, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90. Diagnoses include chronic depressive personality disorder, carpal tunnel syndrome, and myalgia/myositis. Conservative care has included medications, therapy, pool program, and modified activities/rest. Report of 10/14/14 from the provider noted the patient with chronic ongoing total body pain, chronic fatigue and sleep difficulty. Exam showed patient using a scooter, appeared depressed noting "no joint swelling, no rheumatoid arthritis deformities, normal neurological exam." Treatment plan included continuing medications listing Lyrica, Gabapentin, Flurbiprofen, Fluoxetine, Tramadol, and Sonata along with new scooter to assist with mobilization. The request(s) for Motorized and Electric Scooter was denied, Ibuprofen 200 MG Take 1 Tab Twice Daily #60 was modified, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90 was certified on 10/31/14. Per MTUS Guidelines regarding power mobility devices such as scooters, they are 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. 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. There is notation the patient has been utilizing a wheelchair and walked slowly with shuffling gait per orthopedic report. Submitted reports noted globally adequate motor strength in the upper and lower extremity muscles without clear neurological deficits. There is no physical therapy report identifying any ADL limitations or physical conditions requiring a purchase of a motorized scooter nor is there any failed trial of other non-motorized walking aide. The criteria for the power mobility device have not been met from the submitted reports. There are no documented clinical motor or neurological deficits of the upper extremities to contradict the use of a walker, wheelchair, or cane as the patient has been sufficiently using as a walking aide. The Motorized and Electric Scooter is not medically necessary and appropriate.

Ibuprofen 200 MG Take 1 Tab Twice Daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 56 year-old patient sustained an injury on 5/10/07 while employed by the [REDACTED]. Request(s) under consideration include Motorized and Electric Scooter, Ibuprofen 200 MG Take 1 Tab Twice Daily #60, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90. Diagnoses include chronic depressive personality disorder, carpal tunnel syndrome, and myalgia/myositis. Conservative care has included medications, therapy, pool program, and modified activities/rest. Report of 10/14/14 from the provider noted the

patient with chronic ongoing total body pain, chronic fatigue and sleep difficulty. Exam showed patient using a scooter, appeared depressed noting "no joint swelling, no rheumatoid arthritis deformities, normal neurological exam." Treatment plan included continuing medications listing Lyrica, Gabapentin, Flurbiprofen, Fluoxetine, Tramadol, and Sonata along with new scooter to assist with mobilization. The request(s) for Motorized and Electric Scooter was denied, Ibuprofen 200 MG Take 1 Tab Twice Daily #60 was modified, and Tramadol 50 MG Take 1 Tab 3 Times Daily #90 was certified on 10/31/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Ibuprofen 200 MG Take 1 Tab Twice Daily #60 is not medically necessary and appropriate.