

Case Number:	CM14-0201568		
Date Assigned:	01/07/2015	Date of Injury:	07/21/2008
Decision Date:	03/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 45-year-old woman with a date of injury of July 21, 2008. The mechanism of injury was not documented in the medicated record. The injured worker's working diagnosis is complex regional pain syndrome (CRPS). Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated December 19, 2014, the IW present for follow-up and refills of medications. The IW reports she has been losing her hair and had red bumps on the back of her head and in between her legs. She is throwing up digested food. Pain is rated 8/10 with medications and 10/10 without medications. Physical examination reveals tenderness around the port-a-cath area without the presence of erythema around the skin. There is tenderness in the lumbosacral musculature without myospasms. Lumbar range of motion is restricted in all flexion and extension. The injured worker's gait was not assessed. According to a progress note by the treating podiatrist dated August 11, 2014, gait revealed that she was markedly antalgic in gait with a marked limp bilaterally. Muscle testing for dorsiflexion, plantar flexion, eversion, and inversion was found to be +4/5 bilaterally. In the PR-2 dated October 24, 2014, the IW reports that her depression is returning and she would like to restart Brintellix. The treatment plan dated October 24, 2014 indicated Brintellix will be prescribed, along with Naproxen 500mg #60, Ativan 1mg #60, Namenda 5mg #60, Restasis 0.05% #60, Mirapex 1mg #60 Calcitronin nasal spray (units) #60 and Adrucil 25mg #60. The treating physician is also requesting a CBC, CMP, authorization for batteries for her wheelchair Elite Traveler Plus, a pair of Z-Coli pain relief footwear. A prior CBC and comprehensive metabolic panel (CMP) was performed in October 2014. The current request is for scooter batteries for Elite Traveler Plus

wheelchair, Namenda 5mg #60, Restasis 0.05% #60, Mirapex 1mg #60 Calcitronin nasal spray (units) #60 and Adrucil 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scooter Batteries for Elite Traveler Plus Wheelchair QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee section,

Decision rationale: Pursuant to the Official Disability Guidelines, scooter batteries for an elite traveler plus wheelchair are not medically necessary. Power mobility devices are not recommended if the functional mobility deficits can sufficiently be resolved by prescription of a cane or walker with a patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who was available, willing and able to provide assistance and a manual wheelchair. See Official Disability Guidelines for details. In this case, the injured worker's working diagnosis is chronic regional pain syndrome. A review of the medical record according to the December 19, 2014 progress note does not address the ambulatory status of the injured worker. As of August 11, 2014 a detailed history and physical and medical record review indicates the injured worker can stand or walk a total of less than one hour per eight hour day. Pushing and pulling is severely limited due to pain and lack of range of motion. More importantly there is no update in the medical record about her ambulatory status and whether or not she can use a cane, walker or requires a power mobility device. Consequently, based on the documentation in the medical record scooter batteries are not required for an elite traveler plus wheelchair because the power mobility device is not indicated based on the documentation in the medical record. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, go to batteries for an elite traveler plus wheelchair or not medically necessary.

Namenda 5mg #60: 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
[Http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html)

Decision rationale: Pursuant to the [REDACTED], Namenda 5 mg #60 is not medically necessary. Namenda is used to treat symptoms of Alzheimer's disease. Namenda is in a class of medications called NMDA receptor antagonist. For additional details see the attached link. In this case, the injured worker's working diagnosis is complex regional pain syndrome (CRPS).

The injured worker sustained a repetitive workplace injury on July 21, 2008 due to walking on cement floors. Subjectively, the injured worker states she is throwing up digested food. Physical examination shows tenderness and redness around the porta-cath. The lumbosacral region is tentative palpation. Range of motion is restricted in flexion and extension. Namenda is used to treat Alzheimer's disease. Alzheimer's disease and is not part of the work-related injury. There is no documentation establishing a causal relationship between CRPS, Alzheimer's disease, and chronic pain. Injured worker has CRPS. Documentation does not contain a clinical rationale/indication for Namenda 5 mg. Consequently, absent clinical documentation to support the ongoing use of Namenda, Namenda 5 mg #60 is not medically necessary.

Restasis 0.05% #60: 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604009.html>

Decision rationale: Pursuant to [REDACTED], Restasis 0.05% #60 is not medically necessary. Restasis, ophthalmic cyclosporine, is used to increase tear production of people with dry eye disease. Cyclosporine is in a class of medications called immunomodulators. In this case, the injured worker's working diagnosis is complex regional pain syndrome (CRPS). The injured worker sustained a repetitive workplace injury on July 21, 2008 due to walking on cement floors. Subjectively, the injured worker states she is throwing up digested food. Physical examination shows tenderness and redness around the porta-cath. The lumbosacral region is tentative palpation. Range of motion is restricted in flexion and extension. There is no documentation in the medical records indicating Restasis is related to the work related injury. Restasis is designed to increase tear production in people with dry eye disease. The worker has CRPS. There is no clinical rationale/indication for Restasis. Consequently, absent clinical documentation/rationale to support Restasis, Restasis 0.05% #60 is not medically necessary.

Mirapex 1mg #60: 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697029.html>

Decision rationale: Pursuant to [REDACTED], Mirapex 1 mg #60 is not medically necessary. Mirapex is used alone or with other medications to treat the symptoms of Parkinson's disease. Symptoms include shaking of parts of the body, stiffness, slowed movements and problems with balance. Mirapex is also used to treat restless leg syndrome. In this case, the injured worker's working diagnosis is complex regional pain syndrome (CRPS). The injured worker sustained a

repetitive workplace injury on July 21, 2008 due to walking on cement floors. Subjectively, the injured worker states she is throwing up digested food. Physical examination shows tenderness and redness around the porta-cath. The lumbosacral region is tentative palpation. Range of motion is restricted in flexion and extension. Mirapex is used to treat Parkinson's disease and restless leg syndrome. There is no clinical rationale and the documentation to support Mirapex in the medical record. Consequently, absent clinical documentation to support the use of Mirapex in an industrial context, Mirapex 1 mg #60 is not medically necessary.

Calcitonin Nasal Spray (Units) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601031.html>

Decision rationale: Pursuant to [REDACTED], calcitonin nasal spray (units) #60 is not medically necessary. Calcitonin nasal spray is used to treat osteoporosis in women for at least five years past menopause and cannot or do not want to take estrogen replacement. In this case, the injured worker's working diagnosis is complex regional pain syndrome (CRPS). The injured worker sustained a repetitive workplace injury on July 21, 2008 due to walking on cement floors. Subjectively, the injured worker states she is throwing up digested food. Physical examination shows tenderness and redness around the porta-cath. The lumbosacral region is tentative palpation. Range of motion is restricted in flexion and extension. Mirapex is used to treat Parkinson's disease and restless leg syndrome. There is no clinical rationale or indication in the documentation to support calcitonin nasal spray. Consequently, calcitonin nasal spray (units) #60 is not medically necessary.

Adrucil 25mg #90: 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682708>

Decision rationale: Pursuant to [REDACTED], Adrucil 25 mg #90 is not medically necessary. Adrucil is generally used in combination with other medications to treat colon cancer or rectal cancer that has gotten worse with Sprint or the parts of the body. Fluorouracil is in a class of medications called anti-metabolites. It works by slowing or stopping the growth of cancer cells in one's body. In this case, the injured worker's working diagnosis is complex regional pain syndrome (CRPS). The injured worker sustained a repetitive workplace injury on July 21, 2008

due to walking on cement floors. Subjectively, the injured worker states she is throwing up digested food. Physical examination shows tenderness and redness around the porta-cath. The lumbosacral region is tentative palpation. Range of motion is restricted in flexion and extension. There is no clinical rationale for clinical indication in the medical record to support the use of Advicil 25 mg. Consequently, after so 25 mg #90 is not medically necessary.