

Case Number:	CM15-0132955		
Date Assigned:	08/05/2015	Date of Injury:	03/09/2001
Decision Date:	09/09/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 3-9-01. Progress report dated 5-28-15 reports continued complaints of low back pain and stiffness. He has occasional episodes of his knee giving way and has recently fallen. He also has continued complaints of right shoulder pain. He has trouble sleeping at night. The pain is relieved by medications and is reduced from 8 out of 10 to 2-3 out of 10. Diagnoses include: lumbar facet syndrome with stenosis with acute exacerbation, status post open right rotator cuff repair, with residual pain, status post bilateral total knee arthroplasties, cervical spondylosis and obesity. Plan of care includes: request for return visit on 6-26-15, prescription refill of Norco 10-325 mg 1 twice per day #60 and request for scooter. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 10/325mg #60. The RFA is dated 06/04/15. Treatment history include shoulder surgery (date not provided), knee surgery (prior to 2012), physical therapy, and medications. The patient's work status was not addressed. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/25/15, the patient presents with bilateral knee, low back and right shoulder pain. Examination of the lumbar spine revealed tenderness about the lumbar paravertebral musculature and decrease ROM. Examination of the bilateral knee revealed slight tenderness along the patella facets and range of motion is 0-110 degrees. "This is no instability". Examination of the right shoulder noted range of motion is "full". There is slight tenderness over the anterolateral aspect of the shoulder. There is pain when testing the supraspinatus tendon. This patient has been prescribed Norco since at least 01/22/15. Progress reports from 01/22/15 through 06/25/15 were reviewed. Per report 01/22/15, the patient has a signed opiate contract and has undergone a urine drug screen. On 03/31/15, the patient report decrease in pain from 8/10 to 4/10 with medications. Per report 04/28/15 and 05/28/15, "he notes functional improvement and pain relief with the adjunct of the medication". Report 06/26/15 documents that with medication pain is reduced to 2-3/10 from 8/10 and the patient "can perform activities of daily living such as bathing, cooking, cleaning, dressing, grocery shopping and housekeeping duties with much less pain". He has exhibited no signs or symptoms of abuse or aberrant behaviors. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.

Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines PMDs. Decision based on Non-MTUS Citation Aetna clinical bulletin, wheelchairs.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Scooter. The RFA is dated 06/04/15. Treatment history include shoulder surgery (date not provided), knee surgery (prior to 2012), physical therapy, and medications. The patient's work status was not addressed. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under "Power mobility devices (PMDs)" states "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". According to progress report 06/25/15, the patient presents with bilateral knee, low back and right shoulder pain. Examination of the lumbar spine revealed tenderness about the lumbar paravertebral musculature and decrease ROM. Examination of the bilateral knee revealed slight tenderness along the patella facets and range of motion is 0-110 degrees. "This is no instability". Examination of the right shoulder noted range of motion is "full". There is slight tenderness over the anterolateral aspect of the shoulder. There is pain when testing the supraspinatus tendon. The treater is requesting a scooter as "he is unable to walk prolonged distances due to his lumbar stenosis as well as residual knee pain following his knee replacement surgery". In this case, examination of the bilateral knee revealed "slight" tenderness with "no instability". In addition, there is no physical findings of the lumbar spine that indicate significant neurological deficit. There is no discussion of lack of motor strength in the upper extremity that would prevent this patient from using a manual wheelchair and no discussion of lack of caregiver assistance, either. The requested scooter cannot be substantiated. The request is not medically necessary.