MAXIMUS Federal Services

Case Number:	CM15-0134293		
Date Assigned:	07/22/2015	Date of Injury:	08/28/2010
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/10/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old male, who sustained an industrial injury on 8/28/2010. Diagnoses include chronic non-specific low back pain, sciatica, gait instability, internal derangement of knees and chronic myofascial pain syndrome. Treatment to date has included medications including Lidoderm patch, Trazodone, Tramadol and ephedrine. Per the Primary Treating Physician's Progress Report dated 5/04/2015, the injured worker reported getting progressively worse with muscle spasms and stiffness in his back. Pain level is rated as 8/10. Physical examination revealed moderate effusion of both knees. There was decreased cervical lordosis and trigger points palpated in the splenius capitus region, upper and lower trapezius, sternocleidomastoid area, gluteus medius and gluteus maximus with tightness over the iliotibial (IT) band. The plan of care included a motorized scooter, gym membership and medication management and authorization was requested for Lidocaine patch 5% #30 and Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 63 year old male has complained of low back pain, neck pain and knee pain since date of injury 8/28/10. He has been treated with physical therapy and medications. The current request is for Lidocaine patch 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidocaine patch is not indicated as medically necessary.

Electric hitch to connect to a car: 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) Pain (04/30/2015)-Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Power mobility devices.

Decision rationale: This 63 year old male has complained of low back pain, neck pain and knee pain since date of injury 8/28/10. He has been treated with physical therapy and medications. The current request is for an electric hitch to connect to a car. Per the ODG guidelines cited above, power mobility devices are not recommended if functional mobility can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or if there is a caretaker who is available and willing to provide assistance with a manual wheelchair. The available medical records do not include documentation of any functional impairment or significant motor weakness of the upper extremities. On the basis of the available medical records and per the ODG guidelines cited above, a motorized scooter is not indicated as medically necessary. Therefore, an electric hitch to connect to a car is also not indicated as medically necessary.

Motorized 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) Pain (04/30/2015)-Online Version.

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

Decision rationale: This 63 year old male has complained of low back pain, neck pain and knee pain since date of injury 8/28/10. He has been treated with physical therapy and medications. The current request is for a motorized scooter. Per the ODG guidelines cited above, power mobility devices are not recommended if functional mobility can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair, or if there is a caretaker who is available and willing to provide assistance with a manual wheelchair. The available medical records do not include documentation of any functional impairment or significant motor weakness of the upper extremities. On the basis of the available medical records and per the ODG guidelines cited above, a motorized scooter is not indicated as medically necessary.