

Case Number:	CM15-0161353		
Date Assigned:	08/27/2015	Date of Injury:	05/13/2009
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 13, 2009. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for transportation to and from visits and a cyclobenzaprine-Ultram amalgam. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant's permanent work restrictions imposed by the medical-legal evaluator were renewed. Oral Voltaren, a cyclobenzaprine-tramadol amalgam and manipulative therapy were endorsed. The applicant was asked to try and lose weight. Transportation to and from visits was sought. The applicant's painful cervical range of motion would make it difficult for her to drive. It was not clearly stated whether the applicant was or was not working with permanent limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-emergency transportation to/from medical visits, per mile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Knee and Leg, Back (Acute & Chronic) (updated 07/19/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

Decision rationale: No, the request for transportation to and from medical visits is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which include making and keeping appointments. Thus, the MTUS Guideline in ACOEM Chapter 5, page 83 seemingly takes a position that transfer to and from appointments and the like is an article of applicant responsibility as opposed to an article of payer responsibility. While ODG's Knee and Leg Chapter Transportation topic does acknowledge that transportation is recommended to furnish medically-necessary transportation to applicants with disabilities to prevent them from self-transport, here, however, the attending provider's July 10, 2015 progress note did not clearly establish that the applicant in fact had a disability and an impairment which would preclude, prevent, and reduce her ability to transport herself to and from appointments. While the applicant reportedly had painful cervical range of motion reported on an RFA form of July 10, 2015, it did not appear that this was necessarily a permanent or fixed phenomenon. It was not clearly stated, moreover, why the applicant could not attend medical appointments via public transportation if she felt that turning and twisting her neck while driving was too painful. It did not appear, in short, that the applicant had a significant or substantive impairment, which would have prevented or reduced her ability to convey herself to and from physician office visits of her own accord, either through a personal vehicle or via public transportation. Therefore, the request is not medically necessary.

Cyclo-Ultram twice daily #60 with 1 refill (Rx 07/10/15) Qty: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-medications - compound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for a cyclobenzaprine-Ultram amalgam is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. The request for a cyclobenzaprine-Ultram amalgam, thus, was at odds with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet one-refill supply of cyclobenzaprine-Ultram amalgam, moreover, represented treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.