

Case Number:	CM15-0184944		
Date Assigned:	09/25/2015	Date of Injury:	06/13/2007
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 51-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 13, 2007. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for Dilaudid, an electric wheelchair, and a topical compounded agent. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported multifocal complaints of bilateral wrist and bilateral elbow pain complaints, 8-9/10. The note was difficult to follow as it mingled historical issues with current issues. The applicant's medications included Dilaudid, OxyContin, Neurontin, Zofran, it was stated in one section of the note. The applicant had undergone multiple failed lumbar spine surgeries, it was reported and had developed derivative complaints of depression and anxiety, it was further noted. Acupuncture and a topical compounded cream were sought. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The applicant stated that opening jars and bottles remained problematic. Multiple medications were renewed, without much seeming discussion of medication efficacy. The applicant exhibited an antalgic gait. The treating provider contended that the applicant needed a caregiver to facilitate ambulation. This was not, however, expounded upon. On a separate progress note dated August 12, 2015, the applicant reported ongoing complaints of low back, hand, wrist, finger, and thumb pain, 7/10. The applicant stated that sitting, standing, and walking remained problematic. The applicant acknowledged that an intrathecal pain pump had proven ineffectual. The applicant was using Oxycontin, Dilaudid, Zofran, and Neurontin, it was reported. Several of the same were seemingly refilled. The attending provider suggested that the applicant obtain an electric

wheelchair. The applicant was again described as exhibiting an antalgic gait requiring usage of a caregiver in one section of the note. This was not elaborated or expounded upon. The topical compounded agent at issue was also sought. In an applicant questionnaire dated July 12, 2015, the applicant acknowledged that she was not working and had not worked since 1993. The applicant reported pain complaints in the 7-8/10 range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as she herself acknowledged on a questionnaire dated July 12, 2015. Pain complaints in the 7/10 range were reported on August 12, 2015. The applicant reported difficulty performing activities of daily living as basic as sitting, standing, and walking, it was reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Dilaudid usage. Therefore, the request was not medically necessary.

Foldawheel PW-999UL Electric wheelchair, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - wheelchair, Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: Similarly, the request for an electric wheelchair was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the electric wheelchair at issue are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, while the attending provider's August 12, 2015 progress note suggested that the applicant did exhibit an antalgic gait, the attending provider failed to state why (or if) the applicant was unable to ameliorate or remediate her functional mobility deficits through usage of a cane, walker, and/or manual wheelchair. Therefore, the request was not medically necessary.

CM4 (Caps 0.05%+Cyclo 4%) prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Finally, the request for a capsaicin-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.