

Case Number:	CM15-0026070		
Date Assigned:	03/20/2015	Date of Injury:	08/05/2009
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on August 5, 2009. She has reported injury to the knees, low back, and right shoulder and has been diagnosed with discogenic lumbar condition, impingement syndrome and bicipital tendonitis along the shoulder on the right with evidence on examination of possible labral tear, internal derangement bilaterally, status post interventional treatment with meniscectomy, medially, and lateral bilaterally, and chronic pain syndrome. Treatment has included medication management and injections. Currently the injured worker had tenderness along the cervical and lumbar paraspinal muscles. The treatment plan included medication management and an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient evidence to support the chronic use of an NSAID. There was insufficient evidence to show functional gains attributable to the Nalfon use, as this was not clearly documented in the notes. Regardless, considering the long-term risks associated with use, the Nalfon will be considered medically unnecessary.

Unknown prescription of Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, various medications including Klonopin were prescribed by her psychiatrist for anxiety, depression, and ADD. However, there was insufficient reporting of how the Klonopin was actually used and how effective it was as found in the notes available for review. Regardless, as Klonopin is encouraged to not be used on a chronic basis, it will be considered medically unnecessary. Weaning may be indicated.

1 electronic 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, Pain (Chronic).

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that in cases of chronic pain from a previous injury, power mobility devices are 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. In the case of this worker, a motorized wheelchair is not medically necessary, as there was no evidence to show that she had tried and failed a manual wheelchair.