

Case Number:	CM15-0050876		
Date Assigned:	03/24/2015	Date of Injury:	01/08/2002
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 57-year-old male, who sustained an industrial injury on January 8, 2002. He reported low back, thoracolumbar area, abdominal hernia, bilateral knees, and right wrist injuries. The injured worker was diagnosed as having chronic low back pain with postsurgical pain with a history of thoracic 12-lumbar 1 fusion, lumbar 1-2 fusion and lumbar 5 compression fracture; right knee internal derangement, status post 3 arthroscopies with meniscectomies; left knee internal derangement, chronic pain syndrome, and abdominal hernia repair without relief in January 2014. Treatment to date has included MRI, cervical and lumbar epidural steroid injections, urine drug screening, an electric scooter, a cane, hinged knee brace, transcutaneous electrical nerve stimulation (TENS), thumb spica splint, and medications including short-acting and long-acting pain, topical pain, anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. On February 5, 2015, the treating physician reports he walks with a limp. He uses a cane and a right brace. He has difficulty with walking due to his back, bilateral knee, and right wrist injuries. He had an electric scooter that caught fire and blew up. Replacement of the scooter is needed to increase his mobility and independence when he cannot do any prolonged walking. His pain medication decreases his pain level by 30%. The physical exam revealed an exaggerated limp with walking, decreased lumbar range of motion, and decreased knee extension. The treatment plan includes continuing his pain medication and a replacement electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for electric scooter replacement: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 57 year old male has complained of lower back pain, wrist pain and knee pain since date of injury 1/8/02. He has been treated with surgery, epidural steroid injection, TENS unit, physical therapy and medications. The current request is for consultation for electric scooter replacement. A consultation for electric scooter replacement is not recommended in the treatment of chronic low back complaints. Further, there is no provider rationale documented regarding the necessity of use of an electric scooter. On the basis of the available provider documentation and per the ACOEM guidelines cited above, a consultation for an electric scooter replacement is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 57 year old male has complained of lower back pain, wrist pain and knee pain since date of injury 1/8/02. He has been treated with surgery, epidural steroid injection, TENS unit, physical therapy and medications to include opioids since at least 04/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, this requested treatment is not medically necessary.