

<b>Case Number:</b>	CM15-0053466		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/03/1991
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who reported a cumulative trauma injury on 08/23/1990. The current diagnoses included sprain/strain of the lumbar spine and thoracic spinal stenosis. The injured worker presented on 02/17/2015 for a follow-up evaluation. It was noted that the injured worker was status post lumbar surgery in 2010. The injured worker was then referred to a pain physician who suggested that she obtain a power wheelchair. The injured worker felt she did not have enough strength in her lower extremities to perform activities of daily living. Long walking was absolutely impossible, according to the injured worker. Recommendations at that time included a power wheelchair and continuation of the current medication regimen. There was no physical examination provided on the requesting date. There was also no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Power wheel chair:** 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), Knee and leg complaints, Power mobility devices (PMDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** California MTUS Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or a walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process. In this case, there was no indication that the injured worker required an assistive device for ambulation. There was no comprehensive physical examination provided on the requesting date. There is no documentation of significant lower extremity weakness or instability. There is no evidence of insufficient upper extremity function. Given the above, the request is not medically necessary at this time.

**Norco 10/325mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since 03/2013. Despite the ongoing use of this medication, there was no documentation of objective functional improvement. There is no documentation of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Tramadol 50mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized opioid medication since 2013. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no documentation of a

written consent or agreement for the chronic use of an opioid. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

**Famotadine 20mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state patients at high risk of gastrointestinal events with cardiovascular disease require the use of a proton pump inhibitor. Treatment of dyspepsia secondary to NSAID therapy includes discontinuation of the NSAID, initiation of a different type of NSAID, or the consideration of an H2 antagonist or a PPI. In this case, there is no documentation of cardiovascular disease, dyspepsia secondary to NSAID use, or gastrointestinal events. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.