

Case Number:	CM15-0057252		
Date Assigned:	04/02/2015	Date of Injury:	02/08/2012
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy-fusion surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review report dated March 19, 2015, the claims administrator approved Gabapentin, partially approved Percocet, seemingly for weaning purposes, and denied a walking cane. The claims administrator referenced a RFA form received on March 13, 2015 in its determination. A progress note of March 10, 2015 was also referenced. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2014, the applicant reported ongoing complaints of low back pain. Morphine was renewed. The applicant's gait was described as normal on this occasion. The applicant was reportedly able to stand without difficulty; it was stated on this date. In a January 30, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the leg, 9/10 without medications versus 7/10 with medications. The applicant was using Percocet approximately four times daily. The applicant himself acknowledged that Percocet was not altogether successful. Slow ambulation was appreciated on this occasion. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On March 10, 2015, the applicant reported persistent complaints of low back and leg pain, 8/10 without pain medications versus 5/10 with pain medications. The applicant stated that his sitting and standing tolerance were ameliorated as a result of ongoing medication

consumption. Slowed ambulation was appreciated. A walking cane was endorsed, along with Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ACOEM Guidelines (p. 116), Official Disability Guidelines (ODG) 2014-opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or 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's work status was not clearly outlined on multiple office visits of late 2014 and early 2015, referenced above. It was suggested, however, that the applicant was not working following the imposition of permanent work restrictions. While the treating provider did report some reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication consumption. The attending provider's commentary to the effect that the applicant's standing and/or sitting tolerance was improved as a result of ongoing medication consumption does not, in and of itself, constitute evidence of a meaningful or material improvement in function needed to justify continuation of opioid therapy. Therefore, the request was not medically necessary.

Durable Medical Equipment: walking cane: 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) 2015 (knee).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Similarly, the request for a walking cane was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices are not recommended in applicants whose functional mobility deficits can be sufficiently remediated through usage of a manual wheelchair, cane, and/or walker, in this case, however, the extent of the applicant's functional mobility deficits were not clearly described or characterized. While the applicant was

described as exhibiting a slowed gait on March 10, 2015, there was no mention of the applicant's exhibiting a limp. There was no mention of the applicant's having issues with falling. It was not stated why a cane was needed, at age 55. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain applicants at maximal levels of activity, including work activities. Provision of a cane, thus, would seemingly diminish the applicant's overall levels of activity and function and is to be discouraged, not encouraged, particularly in light of a clearly documented functional mobility deficit here. Therefore, the request was not medically necessary.