

Case Number:	CM14-0148198		
Date Assigned:	09/18/2014	Date of Injury:	01/16/2003
Decision Date:	10/17/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of January 16, 2003. A Utilization Review was performed on September 4, 2014 and recommended non-certification of a motorized scooter, walker with a seat, and Tramadol 50 mg #90. A Progress Report dated July 3, 2014 identifies Subjective Complaints of persistent neck and back pain. He states the right shoulder is bothering him. It is all in the neck on the right side. Objective Findings identify no significant change. Diagnoses identify neck pain and low back pain. Discussion/Plan identifies switch the patient back to the 50-mg Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 132. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99 of 127.

Decision rationale: Regarding the request for a motorized scooter, Chronic Pain Medical Treatment Guidelines state that powered mobility devices are not recommended if the functional

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. Within the documentation available for review, there is no indication that the patient has a functional deficit which cannot be sufficiently resolved by the prescription of a cane or walker. A walker was additionally requested for this patient. As such, the current request for a motorized scooter is not medically necessary.

Walker with a seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Regarding the request for walker with a seat, Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, the requesting physician has not identified why the patient would benefit from a walker with a seat, or why the patient would need an assistive device for safe ambulation. Therefore, in the absence of such documentation, the currently requested walker with a seat is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

