

Case Number:	CM15-0170764		
Date Assigned:	09/11/2015	Date of Injury:	05/29/2008
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 59-year-old who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of May 29, 2008. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve requests for Tylenol with Codeine and a knee scooter. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant was given refills of Tylenol No. 3, Celebrex, and Lidoderm patches. The attending provider contended that the applicant's medications were beneficial but did not seemingly elaborate further. The applicant's work status was not explicitly stated. The applicant's gait was not described. On August 7, 2015, the attending provider stated that the applicant had difficulty moving about. The knee scooter was endorsed. Once again, the applicant's gait was not clearly described. 10/10 pain complaints were reported on this date. The applicant was given operating diagnoses of sciatica and myofascial pain syndrome with derivative complaints of depression. A knee scooter and Tylenol No. 3 were endorsed. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Tylenol with Codeine, 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 reported on office visits of August 7, 2015 and August 25, 2015. The applicant reported severe, 10/10 pain complaints on August 7, 2015 and 8/10 pain complaints on August 25, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol with Codeine usage. Therefore, the request was not medically necessary.

Knee Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity, and Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: Similarly, the request for a knee scooter, i.e., a form of power mobility device, was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently remediated through usage of a cane, walker, and/or manual wheelchair. Here, however, the attending provider's August 7, 2015 progress note did not detail, describe, or elaborate on the extent of the applicant's functional mobility deficits (if any). The applicant's gait was not clearly described or characterized. It appeared, thus, that the applicant was being given a scooter on the grounds that walking worsened her pain complaints. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain the applicant on maximum levels of activity, including work activities. Here, thus, the request for provision of a knee scooter was at odds with both page 99 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 301 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.