

Case Number:	CM15-0075556		
Date Assigned:	04/27/2015	Date of Injury:	02/07/2005
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 51 year old male who sustained an industrial injury on 2/7/05. He has reported initial complaints of multiple injuries after getting struck in the right side neck with a live wire while unloading a truck. The diagnoses have included cervical, thoracic and lumbosacral pain, lumbar disc pathology with lower extremity radiculopathy status post electrocution. Treatment to date has included medications, diagnostics, wheelchair, lumbar support, acupuncture, chiropractic and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, brain, right hip and lumbar spine. Electromyography (EMG) /nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Buprenorphine, Gabapentin, Fluoxetine, and Oxybutynin. Currently, as per the physician progress note dated 2/12/15, the injured worker complains of symptoms throughout his body which have improved to some degree with medication but he reports that cold weather aggravates the symptoms. It was noted that he is able to shop and drive utilizing a wheelchair and walk about 100 feet utilizing canes. He reports difficulty with activities of daily living (ADL), sounds in the ears and blurred vision. Physical exam revealed that the evaluation of the back and lower extremities demonstrates very unsteady gait. He was unable to safely heel toe walk and there was difficulty with rising from a squatting position. The right thigh revealed decreased strength and sensation. The lumbar spine revealed that rotation was decreased. The physician noted that he uses a manual wheelchair in the community. He had an electric wheelchair which was easier but it was not authorized after the initial one broke. It was also noted that three years later he began to experience pain and

progressive weakness throughout his entire body. The physician requested treatments included Replacement of motorized scooter and Cyclobenzaprine 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of motorized scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Power Mobility Devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Scooter, page 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as scooters, they are not recommended if the functional mobility 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. There is notation the patient has been utilizing a wheelchair and can walk about 100 feet utilizing a cane. Submitted reports have not shown any motor deficits in the upper no myotomal neurological findings in the lower extremity except for diffuse weakness, but able to ambulate with cane. There is no physical therapy report identifying any specific ADL limitations or physical conditions requiring a purchase of a motorized scooter nor is there any failed trial of other non-motorized walking aide. The criteria for the power mobility device have not been met from the submitted reports. There are no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the cane as the patient has been sufficiently using as a walking aide. The Replacement of motorized scooter is not medically necessary and appropriate.

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term

use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10 mg #30 is not medically necessary and appropriate.