

<b>Case Number:</b>	CM15-0078240		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 82 year old male, who sustained an industrial injury on April 6, 2009. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc disease, lumbosacral neuritis and disorder of the coccyx. Treatment to date has included medications, radiological studies, electrodiagnostic studies and a home exercise program. Current documentation dated March 25, 2015 notes that the injured worker reported constant low back pain with radiation to the bilateral lower extremities. Associated symptoms included numbness and tingling. The pain was rated at 6-8/10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness, a limited range of motion and a positive straight leg raise test. The documentation notes that the injured worker had a slow guarded gait. The treating physician's plan of care included a request for a three month scooter chair rental and the medications Norco and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 101/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant sustain a work injury in April 2009 and continues to be treated for radiating low back pain. When seen, pain was rated at 6-8/10. There was decreased lumbar spine range of motion with positive straight leg raising. There was a slow gait. Medications being prescribed included Norco and Motrin. Also being requested was a gym membership in addition to a three month rental of a scooter chair. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse, addiction, and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that supports a satisfactory response from its use and therefore continued prescribing cannot be considered as medically necessary.

**Motrin 800mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73.

**Decision rationale:** The claimant sustain a work injury in April 2009 and continues to be treated for radiating low back pain. When seen, pain was rated at 6-8/10. There was decreased lumbar spine range of motion with positive straight leg raising. There was a slow gait. Medications being prescribed included Norco and Motrin. Also being requested was a gym membership in addition to a three month rental of a scooter chair. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

**3 Month Rental of a Scooter 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 & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs), p99.

**Decision rationale:** The claimant sustain a work injury in April 2009 and continues to be treated for radiating low back pain. When seen, pain was rated at 6-8/10. There was decreased lumbar spine range of motion with positive straight leg raising. There was a slow gait. Medications

being prescribed included Norco and Motrin. Also being requested was a gym membership in addition to a three month rental of a scooter chair. Power mobility devices (PMDs) such as a scooter 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. If there is any mobility with use of canes or other assistive devices, a motorized scooter is not essential to care. In this case, the claimant is able to ambulate without reported assistive device use. Therefore, the requested scooter is not medically necessary.