

Case Number:	CM15-0090313		
Date Assigned:	05/14/2015	Date of Injury:	06/08/2006
Decision Date:	06/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 55 year old male who sustained an industrial injury on 08/08/08. Treatments to date include medications, left knee and left ankle surgeries, and left knee replacement. Current complaints include persistent left ankle wound and inability to bear weight. Current diagnoses include right knee sprain/strain and lumbar spine musculo-ligamentous sprain/strain. In a progress note dated 04/22/15, the treating provider reports the plan of care as a motorized wheelchair, and medications including Norco, Prilosec, and Sonata. The requested treatments include Norco and a power wheelchair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg tablets, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported due to the development of tolerance and dependency. The MTUS guidelines also note that the long term use of opioids leads to testosterone imbalance. The ongoing use of Norco is not supported. In addition, the medical records do not establish subjective and objective functional gains with the use of opioids. Utilization Review has allowed for modification for weaning. The request for Norco 10mg/325mg tablets, #120 is therefore not medically necessary and appropriate.

Durable medical equipment (DME) power wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, Power mobility devices (PMDs) 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. In this case, the medical records do not establish the medical necessity of a power wheelchair. In addition, crutches have been certified by Utilization Review to address inability to bear weight on the left ankle. The request for Durable medical equipment (DME) power wheelchair is not medically necessary and appropriate.