

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	9/22/2003
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003591

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twelve weeks of home care assistance for five hours per day and two days per week **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one neurological consultation with Dr. [REDACTED] **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twelve weeks of home care assistance for five hours per day and two days per week **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for one neurological consultation with Dr. [REDACTED] **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

"The patient is a 52 year old female with a date of injury of 9/22/2003. The provider submitted a prospective request for 1 prescription of Norco 10/325mg, 1 prescription of Anaprox OS (Naproxen Sodium 550mg) #60, 12 weeks of home care assistance 5 hours per day, 2 days per week, and 1 neurological consultation with Dr. [REDACTED].

A phone call to the requesting provider was attempted at 924 on 7/5/13 in order to discuss the requested care. The provider was unavailable, therefore a message was left with [REDACTED] which included the reviewer's contact information. A second call was attempted at 1425 on 7/5/13 but the provider was still

The current evidence based guidelines recommend the use of home health assistance for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis.

Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom, when this is the only care needed.

The previous progress reports indicate that the requested home health assistance is to aid the patient in performing activities of daily living and perform rehabilitation exercises. However, there is no quantified documentation of functional deficits which prevent the patient from performing self-directed home-based exercises nor is the patient home-bound. As previously determined in prior reviews, there does not appear to be any specific medical treatment which is necessary on a home basis for this patient. As such, the requested home health assistance is not a medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review as described within LC4610 and 8CCR9792 et seq. Because this service is not within the scope of utilization review, and because 8CCR9792.6 defines authorization as an assurance of reimbursement, this item must be non-certified. This outcome is purely procedural, and is not intended and should not be interpreted as a valid opinion regarding whether this service was or was not necessary; and is or is not compensable. These questions are outside the scope of utilization review, and the necessity of this service is properly left to the claims administrator. For these reasons, the request for 12 weeks of home care assistance at 5 hours per day, 2 times per week with a nurse re-evaluation is non-certified.

Regarding neurological consultation for intended left scalenectomy, the guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm pain with activity limitation for more than one month or with extreme progression of symptoms. The patient must have unresolved radicular symptoms after receiving conservative treatment. They further state there must be clear clinical, imaging, and electrophysiologic evidence that all consistently indicate the same lesion. And that surgical intervention of such a lesion has been shown to yield positive results in both the short and long term postoperatively. If there are no clear indications for surgery, referring the patient for physical medicine and rehabilitation specialist may help resolve symptoms. Regarding the surgery intended for thoracic outlet syndrome (TOS), the cited guidelines state that over 85% of patients will respond to a conservative program including exercise. Cases with progressive weakness, atrophy, and neurological dysfunction are sometimes considered for surgical decompression. A confirmatory response to EMG guided scalene block or electrophysiologic testing is advisable prior to consideration for surgery. Scalenectomy seems to be the treatment of choice in terms of restoring quality of life and physical activity for professional athletes with TOS. The criteria for neurogenic TOS is listed as starting with conservative care involving physical therapy leading to home exercise for a minimum of 3 months and subjective clinical findings in the affected upper extremity of pain and numbness or paresthesia in the ulnar nerve distribution. They must also have objective clinical findings in the affected upper extremity including reduced amplitude median motor response, reduced amplitude of ulnar sensory response, and denervation in muscles innervated by the lower trunk of the brachial plexus.

Regarding the neurological consultation with Dr. [REDACTED], the current clinical picture does not seem to warrant such a referral. The patient does fulfill some of the recommended criteria for surgical referral, including persistent severe and disabling pain with activity limitation. The guidelines, however state that there must be electrophysiological evidence consistently indicating a lesion suspected by clinical examination and imaging that suggests a procedure with evidence of positive response in both short and long term. The intended procedure of a scalenectomy for Thoracic Outlet Syndrome (TOS) does have positive results and is indicated as the procedure of

choice in professional athletes; however, this patient does not meet the listed criteria for neurogenic thoracic outlet surgery as listed by the guidelines. There has not been documented a conservative course of physical therapy leading to home exercises for a prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/26/13)
- Utilization Review Determination from [REDACTED] (dated 7/08/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg #60 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids, (no section of page cited), part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, (2009), Opioids, long-term assessment, pg. 88-89, part of the MTUS relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/22/03. The submitted medical records noted pain in the neck, bilateral shoulders, bilateral wrists, mid-back, lower back and bilateral knees. The employee’s diagnoses include history of thoracolumbar musculoligamentous sprain and strain with lower extremity radiculitis, status post lower extremity injuries, status post left shoulder injury with rotator cuff repair, history of bilateral knee, patellofemoral arthralgia with degenerative joint disease secondary to musculoskeletal injury at work, cervical musculoligamentous sprain and strain secondary to work-related injury, weight gain secondary to chronic pain and sedentary lifestyle, hypertension, and acid peptic disease secondary to the use of nonsteroidal anti-inflammatory drugs and emotional stress. The submitted medical records note that prior treatment has included medications. A request has been submitted for Norco 10/325mg #60.

The guidelines recommend reassessment for long-term users of opioids. Per the guidelines, there should be documentation of pain and functional improvement and comparison to baseline. The reviewed medical records indicate the employee has used Norco since at least 6/21/2012 at a prescribed dose of 10/325mg bid. The medical records also indicate that the employee has not had the 10/325mg dose since January 2013, but instead has been prescribed a 5/325mg dose since 1/24/13. The most recent report from the provider, dated

6/24/13 documented the employee was still taking a prescribed dose of 5/325 mg bid. The medical records do not discuss increasing the dosage to 10/325mg. The submitted medical records do not include discussion of efficacy or documentation of the medication decreasing pain or improving function or quality of life and there was no documentation supporting the need for supplemental medication for breakthrough pain. The requested Norco 10/325mg #60 **is not medically necessary and appropriate.**

2) Regarding the request for twelve weeks of home care assistance for five hours per day and two days per week :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (current version), Low Back Chapter, (no section cited), a medical treatment guideline, not part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home health services, pg. 51, part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 9/22/03. The submitted medical records noted pain in the neck, bilateral shoulders, bilateral wrists, mid-back, lower back and bilateral knees. The employee's diagnoses include history of thoracolumbar musculoligamentous sprain and strain with lower extremity radiculitis, status post lower extremity injuries, status post left shoulder injury with rotator cuff repair, history of bilateral knee, patellofemoral arthralgia with degenerative joint disease secondary to musculoskeletal injury at work, cervical musculoligamentous sprain and strain secondary to work-related injury, weight gain secondary to chronic pain and sedentary lifestyle, hypertension, and acid peptic disease secondary to the use of nonsteroidal anti-inflammatory drugs and emotional stress. The submitted medical records note that prior treatment has included medications. A request has been submitted for twelve weeks of home care assistance for five hours per day and two days per week .

The guidelines recommend home health services for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The guidelines note that medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. The submitted medical records note that the reason for home health care was for housekeeping and meal preparation. The requested twelve weeks of home care assistance for five hours per day and two days per week **is not medically necessary and appropriate.**

3) Regarding the request for one neurological consultation with Dr. [REDACTED]

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Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg. 180, part of the MTUS. The Expert Reviewer found the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 211-212, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/22/03. The submitted medical records noted pain in the neck, bilateral shoulders, bilateral wrists, mid-back, lower back and bilateral knees. The employee's diagnoses include history of thoracolumbar musculoligamentous sprain and strain with lower extremity radiculitis, status post lower extremity injuries, status post left shoulder injury with rotator cuff repair, history of bilateral knee, patellofemoral arthralgia with degenerative joint disease secondary to musculoskeletal injury at work, cervical musculoligamentous sprain and strain secondary to work-related injury, weight gain secondary to chronic pain and sedentary lifestyle, hypertension, and acid peptic disease secondary to the use of nonsteroidal anti-inflammatory drugs and emotional stress. The submitted medical records note that prior treatment has included medications. A request has been submitted for one neurological consultation with Dr. [REDACTED].

The guidelines note that a confirmatory response to electromyography (EMG)-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery. The submitted medical records do not provide documentation of progressive weakness, atrophy or neurological dysfunction to consider surgery. Additionally, the records do not document electrodiagnostic testing, or MRA, and the Diagnostic US showed negative Adson's. The requested one neurological consultation with Dr. [REDACTED] **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.