

<b>Case Number:</b>	CM13-0003169		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/09/1995
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Hawaii, Illinois and Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year old employee with date of injury of 3/9/1995. Medical records indicate the patient is undergoing treatment for status post anterior fusion L1-2, COPD, and sleep apnea. Subjective complaints include constant pain in the lower back. The pain intermittently radiates to the lower extremities. Her pain is worse with bending, stooping, lifting and prolonged sitting. The patient states her pain is getting worse. Objective findings include: the patient has difficulty walking but walks without a supportive device; the patient has difficulty changing position and getting on exam table; tenderness in lumbar spine, motion is restricted and causes painful symptoms, there is no guarding with motion; hyperextension of the lower back does not cause radiating pain to the buttocks or posterior thigh region; paraspinal muscles are symmetrical, without swelling and muscle spam. Straight leg raising is negative to the left in a sitting as well as a supine position. Straight leg raising is negative to the right in a sitting as well as a supine position. Gaenslen test is negative. Pelvic compression test is negative. Bent knee femoral stretch test is negative bilaterally. Gait is non-antalgic. Treatment has consisted of physical therapy/occupational therapy, acupuncture, Oxycontin, and MS IR. The utilization review determination was rendered on 7/16/2013 recommending non-certification of a Live In Caregiver; Oxycontin 80mg #120; MSO4 IR 30mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Live In Caregiver:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** According to MTUS Home Health Services section, it is recommended only 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. 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. Given the medical records provided, the employee does not appear to be homebound. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the request for Live In Caregiver is not medically necessary.

**Oxycontin 80mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** Oxycontin, is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for Oxycontin 80mg #120 is not medically necessary.

**MSO4 IR 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** MSO4 is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for MSO4 IR 30MG #120 is not medically necessary.