

Case Number:	CM13-0007620		
Date Assigned:	11/08/2013	Date of Injury:	07/28/2000
Decision Date:	01/29/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 59 year old male who reported an injury on 07/28/2000. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 06/05/2013 reported continued complaints of left elbow pain with stiffness, numbness, and tingling to the 4th and 5th fingers of the left hand. The patient's medication regimen included Cymbalta, Trazadone, Lactulose, Vicodin ES, Dulcolax, Lidoderm patch, and Ativan. The dosage and frequency of these medications was not provided in the medical record. The patient reported his pain level at 7/10 with medications and 10/10 without medications. He complained of constipation. Flexion to the left elbow was 82 degrees and extension was 52 degrees. The patient was given treatment recommendations to include hardware removal of the left elbow, continue home exercise program, and request continued home health service to assist with cooking and cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Visits of continued Home Health Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: California MTUS guidelines state home health services are recommended for patients who are homebound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no documentation of any significant medical condition requiring assistance of a home health service. The request for home health as documented on the clinical note date 06/05/2013, was for assisting with cooking and cleaning which is not supported by California MTUS. As such the request for 18 visits of continued home health care is non-certified.

1 prescription of Lactulose 1 pint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated at the time opioids are initiated. The patient has been taking the requested Lactulose prior to the clinical visit on 06/05/2013, and has continued complaints of constipation. Therefore, efficacy of this medication has not been established. As such, the request for 1 prescription of Lactulose 1 pint is non-certified.