

Case Number:	CM13-0019870		
Date Assigned:	10/11/2013	Date of Injury:	08/06/2004
Decision Date:	08/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic shoulder pain reportedly associated with an industrial injury of August 6, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier lumbar laminectomy surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 7, 2013, the claims administrator failed to approve request for Norco, home health services, transportation to and from medical appointments, and a topical compounded pain relief lotion. The claims administrator did apparently approve a request for reprogramming of a spinal cord stimulator, however. In a May 8, 2014 progress note, the applicant was described as status post spinal cord stimulator replacement. The applicant reported complaints of severe shoulder pain and weakness about the lower extremities. The applicant stated that he can walk about a half an hour with the stimulator. The applicant was having issues with poor sleep. The applicant was using Naprosyn, Paxil, and Norco. The applicant apparently attended the office visit in question by using a bus and electric wheelchair which took over one hour. The treating provider complained that the applicant's wife did not have a driving license. The treating provider complained that a worker's compensation judge had awarded the applicant with transportation. The applicant was described as depressed, reportedly unable to perform activities of daily living. A home health aid was apparently sought to facilitate performance of activities of daily living including shopping for groceries. Norco, tramadol, a laxative, and topical Medrox were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. The applicant was depressed, it was further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, none of the aforementioned criteria seemingly have been met. The applicant is having difficulty performing even basic activities of daily living, such as household chores and ambulating. The applicant has failed to return to work. The applicant's pain complaints appeared to be heightened, as opposed to reduce, despite ongoing usage of Norco. Therefore, the request is not medically necessary.

HOME HEALTH CARE, 4-6 HOURS A DAY, 5 DAYS A WEEK: Upheld

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

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

Decision rationale: The attending provider has indicated that these home health services in fact represented systems in terms of performance of activities of daily living, including shopping for groceries. However, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. Medical treatment, however, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, does not include homemaker services such as shopping and performance of household chores, as are being sought here. Therefore, the request is not medically necessary.

TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, the applicants must assume certain responsibilities, one of which includes the responsibility to "keep appointments." Thus, the service being sought by the attending provider, namely transportation to and from appointments, has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payor responsibility. Accordingly, the request is not medically necessary.

EXOTEN- C PAIN RELIEF LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to support usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents or topical compounds such as Exoten lotion in question. Therefore, the request is not medically necessary.