

Case Number:	CM13-0025593		
Date Assigned:	11/20/2013	Date of Injury:	02/22/2012
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, and Maryland. 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 claimant is a 50 years old male with injury date of February 22, 2012, while delivering a pizza, the claimant was in a Corolla crossing intersection and he was struck head on by another vehicle going approximately 30 to 35 mile per hour. He was wearing seat belt. There was questionable loss of consciousness for a few minutes. [REDACTED] had to be extricated from his vehicle. He was then taken by ambulance to [REDACTED]. He was evaluated, x-rayed, CT scans were done. He had a posterior dislocation of left hip that was reduced in the emergency room under sedation. [REDACTED] taken to the operating room on 2/29/12 and underwent an open reduction and internal fixation of the left acetabulum. He also underwent examination under anesthesia of his left knee and left foot. He was found to have a stable left patellar fracture and a stable left foot fracture. Postoperatively, he was made nonweightbearing in the left lower extremity and was placed in a knee immobilizer. He had improved sensation in the left foot, but he did not obtain improved mobility of the left foot. He was treated with a left foot boot support. He later developed bilateral DVTs, which was diagnosed on 3/11/12 and he was placed on anticoagulation therapy. On 3/12/12, he was transferred to [REDACTED] for rehab. He was continued on his anticoagulation regimen. He was released from the [REDACTED] [REDACTED] on March 30, 2012. He was discharged home with home health care and home therapy. On 4/9/12, he saw an orthopedic surgeon, [REDACTED], [REDACTED] recommended continued home health care and continued medication and therapy. The Claimant has continued to follow up with [REDACTED] on approximately a monthly basis. On 11/8/12, he saw a podiatrist, [REDACTED], who gave him a cortisone injection in the left ankle and matrixectomy for left toe ingrown toenail. Progress note of 07/15/2013 of [REDACTED] Patient remains symptomatic with

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Morphine Page(s): s 74-76, 93.

Decision rationale: California Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) page 74 to 76 and 93 section on Opioids, states that Pure Opioid agonist such as MS Contin does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. The reason for UR denial of this drug was not available for review. Guideline recommend the use of this medication for patients suffering from chronic pain that need continuous analgesics. The guideline recommended a slow taper/wean to prevent withdrawal. Also, in the most recent report from the treating physician, he indicated that "At this time I have questioned the patient in regards to the medications prescribed above, if they have been helpful and providing relief of pain. The patient states that the medications have been of benefit and will continue to use as prescribed for the next six weeks". Therefore the request for Ms Contin 30mg was medically necessary considering the type of injury sustained by this claimant and the need for adequate pain control.

Continue Home Health Aide 12 hours a day, 7 times a week: Upheld

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

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009) page 51 of 127, section on Home Health Services-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. (CMS, 2004) In the medical report dated 11/7/2013, the primary treating physician indicated as follows" At this time, continue with home healthcare to assist the patient with activities of daily living, 4-5 hours a day, 7 days a week. The patient has difficulty performing the activities of daily living secondary to industrial related injury. Some of the assistance the patient will need include the following: cooking, cleaning, showering/bathing, grocery shopping,

travelling etc. based on the guidelines, the request to Continue home health aide 12 hours a day, 7 times a week is not medically necessary.