

Case Number:	CM13-0025957		
Date Assigned:	12/11/2013	Date of Injury:	11/17/1999
Decision Date:	02/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 11/17/1999. The patient is diagnosed with status post anterior lumbar interbody fusion (ALIF) at L4-S1, status post anterior cervical discectomy and fusion (ACDF) at C5-6, bladder dysfunction and hiatal hernia. The patient was seen by [REDACTED] on 08/19/2013. Physical examination revealed tenderness to palpation with bilateral spasm, positive straight leg raising, decreased sensation, and diminished range of motion. Treatment recommendations included and epidural steroid injection, authorization for transportation to and from appointments, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Home Health Care 3 hours per day 3 hours per week, indefinitely: 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 Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part

time on 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. As per the clinical notes submitted, it is noted that the patient receives assistance from a spouse for activities of daily living. There is no documentation of what care is to be provided. There is also no documentation of what benefit the patient has previously received from home health visits as opposed to assistance from spouse. Based on the clinical information received, the request is non-certified.

Request for transportation to and from all appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California: Criteria for Medical Transportation R-15-98E

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments)

Decision rationale: Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. As per the clinical notes submitted, the patient does receive assistance from a spouse for activities of daily living. There is no documentation indicating transportation is medically necessary. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Request for prescription of Secura cream 92 gm, 1 tube: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/secura-protective-cream.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

Dendracin top lotion brand name only, 120ml apply BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.