

Case Number:	CM13-0028077		
Date Assigned:	11/22/2013	Date of Injury:	06/15/2000
Decision Date:	02/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Medicine 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 52 year old female who reported a work-related injury on 06/15/2000, as a result of cumulative trauma. Subsequently, the patient treats for the following diagnoses: pain right elbow surgery as of 04/20/2012, for partial medial epicondylectomy and ulnar nerve distribution, status post bilateral wrist carpal tunnel releases, the left performed in 07/2011 and the right on 04/19/2010, bilateral forearm/wrist flexor/extensor tendonitis, right trigger thumb, right shoulder parascapular strain with impingement, cervical trapezial sprain/strain, thoracic lumbosacral musculoligamentous sprain/strain, and history of stress and depression. The clinical note dated 09/25/2013 reports the patient was currently utilizing physical therapy interventions with temporary relief. The provider documents the patient utilizes Norco 10/325 by mouth 4 times a day, Celebrex 200 1 by mouth daily, and Fexmid 1 by mouth daily, as well as a Lidoderm patch. The provider documents examination of the right shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, parascapular musculature, and trapezius muscles. The provider documented range of motion of the right shoulder was 148 degrees of flexion, 34 degrees extension, 145 abduction, 30 degrees adduction, internal rotation of 65 degrees, and external rotation to 22 degrees. The provider documented the patient had 4/5 motor strength noted throughout the right upper extremity. The provider documented a request for the patient to utilize home health help at 4 hours per day 3 days per week for cooking, cleaning, grocery shopping, bathing, dressing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hours/day x 3days/week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the requested intervention at this point in the patient's treatment. The provider is recommending that the patient utilize a home health assistant to assist with activities of daily living and housekeeping. However, California MTUS indicates home health services are 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, using the bathroom, when this is the only care needed. Given all the above, the request for home health care 4 hours/day x 3days/week x 6 weeks is not medically necessary or appropriate.

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 56-57.

Decision rationale: The current request is not supported. The clinical documentation submitted for review did not evidence that the patient had failed with utilization of oral neuropathic medication to support utilization of a Lidoderm patch the patient's chronic pain complaints. In addition, California MTUS indicates specific criteria for utilization of Lidoderm patch, as there has to be evidence of a trial of a first-line therapy, tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Given the lack of documentation evidencing objective findings functional improvements or a decrease in the patient's rate of pain on a VAS as a result of utilizing this medication, the request for Lidoderm patches is not medically necessary or appropriate. Given all the above, the request for Lidoderm patches is not medically necessary or appropriate.