

<b>Case Number:</b>	CM13-0039787		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation, 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 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:

This 58-year-old male sustained an injury on 3/24/04 while employed by [REDACTED]. The requests under consideration include Home Health Aide 4 hours/day X 7 days/week X 4 weeks, then 4 hours/day X 5 days/week X 4 weeks, Norco 2.5/325 mg #60, and Fexmid 7.5 mg #60. The report of 8/8/13 from the provider noted patient with stable symptoms since last visit. He had discectomy and one-level fusion at C3-4 on 5/9/13. The exam showed healed left anterior surgical scars; TTP with muscle guarding over trapezius bilaterally, levator scapulae muscles, and scalene muscles; decreased ROM (range of motion). The current diagnoses include status post anterior cervical discectomy and fusion at C5-7; status post discectomy and fusion at C3-4; bilateral elbow ulnar neuropathy; and GI (gastrointestinal) pain secondary to use of medications. The treatment included physical therapy, activity modification, collar, medications (Norco, Fexmid), and home health aide. The above requests were non-certify on 9/10/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide 4 hours/day X 7 days/week X4 weeks, then 4 hours/day X 5 days/week X 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

**Decision rationale:** The MTUS guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. The submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as he attends office visits and is recommended to continued outpatient physical therapy for surgery over 11 months ago. There is no specific deficient performance issue evident and no documented deficiency with his activities of daily living. It is unclear if there is any issue with family support. The exam also has nonspecific tenderness without clear neurological deficits identified for home therapy. The submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Health Aide 4 hours/day X 7 days/week X4 weeks, then 4 hours/day X 5 days/week X 4 weeks is not medically necessary and appropriate.

**Norco 2.5/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS guidelines state that when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the MTUS states, "if there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Norco 2.5/325 mg #60 is not medically necessary and appropriate.

**Fexmid 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. The submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2004 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen. The MTUS guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Fexmid 7.5 mg #60 is not medically necessary and appropriate.