MAXIMUS Federal Services

Case Number:	CM13-0043128		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2005
Decision Date:	04/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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 patient is a 51 year old female who was injured on 05/12/2005. The mechanism of injury is unknown. Prior treatment history has included post lumbar spine right hemilaminectomy with discectomy L5-S1 in July 2006. 09/24/2013 Medications Include: Cymbalta Norco MS-Contin Neurontin Colace Xanax Fioricet. PR2 dated 09/24/2013 indicated the patient was in for medication follow-up. Her orthopedic condition is stable with use of medications. Objective findings on exam indicated tenderness to palpation of the paraspinal muscles, range of motion has decreased; SLR increased LBP. The patient is diagnosed with status post lumbar spine right hemilaminectomy, inferior lamina of L5 and superior lamina of S1 with right L5-S1 medial facetectomy, performed on July 10, 2006, by [redacted], and MRI findings, dated September 18, 2010 of focal central disc protrusions at L2-L3 and L4-L5, with mild spinal canal stenosis at L3-L4 and mild facet joint degenerative changes at L4-L5 with history of recently increased symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUES HOME CARE ASSISTANCE 4 HOURS A DAY, 3 DAYS A WEEK ON INDEFINITE BASIS PROVIDED BY DAUGHTER: Upheld

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

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

Decision rationale: The CA MTUS guidelines state home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, on a parttime or "intermittent" basis, generally up to no more than 35 hours per week. According to the PR2 dated 09/24/2013, the patient complains of low back pain with radiation into the legs. On exam there is tenderness, decreased ROM, and positive straight leg raise. Medical records do not establish the need for medical treatment at home. It is not clear that the patient has significant functional limitations or is homebound. Further, guidelines do not support home health care services for activities relating to personal care such as grooming, dressing, and bathing, or homemaker services such as assistance with food preparation, shopping, or housekeeping. Medical necessity has not been established. Continued home care assistance is non-certified.

NORCO 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

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

Decision rationale: Per CA MTUS guidelines, Norco is recommended for moderate to moderately severe pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed opiates chronically. The medical records do not document pain level with and without medications or use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or objective improvement in function and pain secondary to opioid use. Medical necessity has not been established. Norco is non-certified.