MAXIMUS Federal Services

Case Number:	CM13-0044049		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2008
Decision Date:	02/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain Management, 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 is a male patient with the date of injury of April 11, 2008. A utilization review determination dated October 9, 2013 recommends certification of Celebrex 200mg #60 with 2 refills, non-certification of Lidoderm 5% patch #30 with 2 refills, non-certification of Penssaid 1.5% solution #2 bottles with 2 refills, certification of Tramadol 50mg #60 with 2 refills, and non-certification of 1 home health aid for 8 hours per day, 7 days per week. The previous reviewing physician recommended non-certification of Lidoderm 5% patch #30 with 2 refills due to further research needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Non-certification of Penssaid 1.5% solution #2 bottles with 2 refills is recommended due to lack of guideline recommendations for the use of Penssaid to relieve shoulder pain and neuropathic pain. Non-certification of 1 home health aid for 8 hours per day, 7 days per week is recommended due to lack of documentation that the patient is confined to the home or current diagnoses that suggest the patient would not be able to provide care for himself. A Visit Note dated November 1, 2013 identifies Chief Complaints of right frozen shoulder and chronic adhesive capsulitis, status post three right shoulder surgeries, right upper extremity brachial plexopathy, depression, ulcerative colitis, and diffuse regional myofascial pain. The patient continues to have pain and inflammation in the right shoulder that radiates into the right arm to the elbow and continued numbness and tingling in the middle finger of the right hand. The patient continues to have muscle spasms in the right shoulder with significant tightening. The patient is having a flare-up of ulcerative colitis. He is unable to bath or dress himself due to right shoulder disability as well as weakness associated with CML and UC. Examination identifies the patient seems to be depressed. He vocalizes helplessness, hopelessness, and h

IMR ISSUES, DECISIONS AND RATIONALES

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

Libroderm 5% patch, 30 count, with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 112.

Decision rationale: Regarding the request for Lidoderm 5% patch #30 w/ 2 refills, Chronic Pain Medical Treatment Guidelines state Topical Lidocaine is indicated for neuropathic/localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin and noradrenaline reuptake inhibitor] anti-depressants or an AED [antiepileptic drug] such as gabapentin or Lyrica). Within the medical information made available for review, the patient is noted to have neuropathic pain. However, there is no documentation of evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The request for Libroderm 5% patch, 30 count, with two refills, is not medicaly necessary or appropriate.

Pennsaid 1.5% solution, 2 bottles with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PennsaidÂ® (diclofenac sodium topical solution) Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs (non-steroidal anti-inflammatory drugs) for treatment of osteoarthritis of the spine, hip or shoulder. The Official Disability Guidelines state topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. Within the medical information made available for review, there is documentation of right frozen shoulder and chronic adhesive capsulitis, as well as neuropathic pain. The patient is noted to have a flare-up of ulcerative colitis, which may be a contraindication to oral NSAIDs. However, there is no documentation of osteoarthritis or tendinitis of the knee or elbow or other joints that are amenable to topical treatment. In addition, there is no documentation of intended short-term use. The request for Pennsaid 1.5% solution, 2 bottles with two refills, is not medicaly necessary or appropriate.

One home health aid for eight hours per day, seven days per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Section.

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

Decision rationale: Regarding the request for one home health aid for 8 hours/day, 7 days/week, Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for otherwise recommended medical treatments for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. They go on to state the 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. Within the documentation available for review, the patient is noted to be unable to bath or dress himself due to right shoulder disability. While it is noted that the patient lacks the desire to go out of the house, there is no documentation that the patient is homebound on a part-time or intermittent basis. There is no documentation of any specific medical treatments which would need to be provided by home health services. Furthermore, the requested frequency and duration of 8 hours a day for 7 days a week exceeds Guidelines recommendations of no more than 35 hours per week. The request for one home health aid for eight hours per day, seven days per week, is not medicaly necessary or appropriate.