

Case Number:	CM13-0046418		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2001
Decision Date:	04/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, 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 59-year-old female who reported an injury on 2/20/01. The patient is diagnosed with carpal tunnel syndrome, lesion of the ulnar nerve, and pain in the joint of the lower extremity. The patient was seen by [REDACTED] on 10/16/13. The patient reported ongoing pain with depressive symptoms. Physical examination revealed no acute distress, an appropriate mood and affect. Treatment recommendations included continuation of current medication, a psychiatric referral and a home health aid 16 hours per day for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide increase to 16 hours per day, 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines state that 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. As per the documentation submitted, there was no physical examination on the requesting date of

10/16/13. The patient's previous examination on 9/18/13 revealed tenderness over the left knee with intact sensation. There is no evidence that this patient is homebound. Additionally, the patient currently has a home health aide 12 hours per day. The current request for a home health aide 16 hours per day, 7 days per week exceeds guideline recommendations. Therefore, the request is non-certified.

A psychological consultation for chronic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The California MTUS/ACOEM practice guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, and/or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient does report depressive symptoms. However, the patient's mental status examination on the requesting date of 10/16/13 indicated no acute distress and appropriate mood and affect. There is no objective documentation of depressive symptoms. The medical necessity has not been established. Therefore, the request is non-certified.

Ketamine cream 5% 60gr: Upheld

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

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

Decision rationale: California MTUS Guidelines state Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. As guidelines do not recommend the use of this medication, the current request cannot be determined as medically appropriate. It is also noted that the patient has utilized this medication since at least 04/2013 without any evidence of functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Lidoderm patch 5% (700mg) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, the patient has utilized this medication since at least 08/2013. Despite ongoing use, the patient continues to report persistent wrist, knee, and back pain. There was no documentation of objective functional improvement upon physical examination. There is also no evidence of a failure to respond to a trial of first line therapy with antidepressants or an anticonvulsant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.