

<b>Case Number:</b>	CM13-0047583		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/09/1995
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female who reported injury on 03/09/1995. The mechanism of injury was the injured worker lost her balance and fell at work. Treatments to date included home health care, activity modification and medications. The documentation of 08/15/2013 provided the Patient Assessment Form revealed the injured worker was unable to perform meal preparation, laundry, transportation, shopping, and stair climbing. The injured worker needed assistance with toileting, bathing, showering, transfers and walking as well as her wheelchair. Treatment plan for that date of service included a sleep number bed, internal medicine consultation, psych consultation, live-in caregiver, pain management consultation, EMG/NCV of the bilateral lower extremities, H-wave trial, laboratory testing, cervical pillow, Functional Restoration Program, and a CT scan of the lumbar spine and MRI of the lumbar spine. The documentation indicated the injured worker would need a home health aide for 12 hours a day times 7 days. The documentation of 09/17/2013 revealed the injured worker had a chief complaint of chronic low back pain, a history of multiple abdominal surgeries, history of bilateral knee pain and bilateral lower extremity pain. The injured worker's pain was noted to be 8/10 with medications and it was indicated without medications the injured worker was unable to function. The treatment plan included 60 mg of Toradol, OxyContin 80 mg 1 tablet 4 times a day for baseline pain relief, morphine sulfate immediate release 30 mg 1 tablet by mouth 4 times a day, Mobic 15 mg 1 tablet daily #30 and Donnatal tablets 2 tablets every 8 hours as well as Reglan 10 mg 1 tablet before meals and at bedtime as well as Simethicone for bloating and a live-in caregiver. Additionally, treatment was requested including an EMG/NCV of the bilateral lower extremities. The injured worker's medication history included Reglan 10 mg, Donnatal, Mobic 15 mg, MSIR 30 mg and OxyContin as of 01/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Donnatal unspecified strength #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2013. [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** The California MTUS Guidelines do not recommend barbiturate containing analgesic agents. There was a lack of documented efficacy. The duration of use had been since at least 01/2013. The request as submitted failed to indicate the frequency and strength of the requested medication. Given the above, the request for Donnatal unspecified strength #120 is not medically necessary.

### **Mobic 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDS for the short term symptomatic treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication since at least 01/2013. There was a lack of documentation of objective functional improvement with the use of the medication and an objective decrease pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Mobic 15 mg #30 is not medically necessary.

### **Live in caregiver unspecified duration: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend home health services for injured workers who are homebound and who are in need of intermittent medical treatment of up to 35 hours per week which does not include homemaker services or home health aide services.

The clinical documentation submitted for review failed to indicate the injured worker was in need of medical treatment. There was documentation the injured worker was in need of homemaker services and/or a home health aide. The request as submitted failed to indicate the frequency as well as the duration of care. Given the above, the request for live-in caregiver unspecified duration is not medically necessary.

**Reglan unspecified qty.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2013. [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend the use of an H-2 receptor agonist or PPI for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing this medication since at least 01/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency, quantity, and strength. Given the above, the request for Reglan unspecified quantity is not medically necessary.

**Simethicone unspecified strength and qty.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), 2013. [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/simethicone.html>.

**Decision rationale:** Per [www.drugs.com](http://www.drugs.com), Simethicone is generally used to relieve painful pressure caused by excess gas in the stomach and intestines. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency, strength and quantity of Simethicone being requested. Given the above and the lack of documented efficacy, the request for Simethicone unspecified strength and quantity is not medically necessary.

**Toradol 60mg intramuscular injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**Decision rationale:** The California MTUS Guidelines do not recommend Toradol for minor or chronic painful conditions. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to provide the number of injections being requested. Given the above, the request for Toradol 60 mg intramuscular injections is not medically necessary.