

Case Number:	CM13-0053748		
Date Assigned:	12/30/2013	Date of Injury:	10/26/1989
Decision Date:	03/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice, 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 60-year-old who reported injury on 10/26/1989. The mechanism of injury was the patient was shot and jumped to the ground face down. The patient had complaints of global pain throughout her body with weakness, spasms, numbness and soreness. The patient had difficulty walking and used a cane to walk and sometimes a walker to ambulate. The patient had difficulty completing activities of daily living and it was noted the patient was receiving 7 days a week home care assistance to help with cleaning, preparing meals, showering, bathing, dispensing medications, and house cleaning and it was noted family members also assist. The patient's current medications were noted to be Altace, Byetta, Avapro, potassium, clonidine, hydrochlorothiazide, metformin, Norco, Flexeril, and ibuprofen. The patient had diffuse cervical spine tenderness and had a positive axial head compression test bilaterally. The patient had bilateral shoulder tenderness, bilateral decreased range of motion in the shoulders and positive impingement signs bilaterally. The patient had positive lateral epicondylar tenderness bilaterally. The patient had positive bilateral Tinel's testing. The patient had a positive straight leg raise test bilaterally with referred back pain at 45 degrees bilaterally with hamstring tightness. The patient had bilateral piriformis tenderness. The patient had global non-specific tenderness of the lumbar and thoracic spine. The patient had 4/5 upper extremity motor testing bilaterally. The patient had decreased lumbar range of motion. The patient had painful hip rotation with abduction and external rotation. The patient had medial and lateral joint line tenderness and a positive patella compression test on bilateral knees. The lower extremity motor testing revealed 4/5 in all testing. The patient was noted to be off of her Byetta and Metformin because of problems with reauthorization and it was indicated the patient lost contact due to the physician retiring. The patient's diagnoses are noted to be morbid obesity, depression, joint pain, diabetes mellitus, hypertension, and fibromyalgia with global pain. The request was made for

Bydureon 2 mg subcutaneous daily and a restart of Metformin 850 mg twice a day. The request was made for home care assistance, a gym membership, a blood pressure monitor, updated connective tissue workup and baseline laboratory studies, acupuncture twice a month, a yearly ophthalmology evaluation, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bydureon 2 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

Decision rationale: The Physician Reviewer's decision rationale: Drugs.com indicates that Bydureon is an injectable diabetes medicine that helps control blood sugar levels and is used to treat diabetes mellitus. The patient had diabetes mellitus. There was a lack of documentation of the patient's lab values or chemistries to indicate blood sugar levels. The patient was noted to be off of her Byetta and Metformin due to needing a new physician. The patient was prescribed Metformin and there was a lack of the necessity for a second medication without a recheck of the lab values to support the request. The request as submitted failed to indicate the quantity of Bydureon being requested. The request for Bydureon 2 mg, subcutaneous once per week, is not medically necessary or appropriate.

Topamax 25-50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Section Page(s): 16.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Topamax is appropriate first line treatment for neuropathic pain. The clinical documentation submitted for review indicated that the medication would be provided for chronic pain and assistance with weight loss. The patient had documentation of neuropathic pain. Weight loss is not an indication for the medication according to the Chronic Pain Medical Treatment Guidelines and this use would not be supported. There was a lack of documentation indicating the quantity of medication being requested and documented clarity as to whether the medication should be 25 mg or 50 mg. The request for Topamax 25-50 mg, by mouth at bedtime, is not medically necessary or appropriate.

Home care assistance, 5 hours per day, 7 days each week: 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 Home Health Services Page(s): 51.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate home health services are recommended for patients who are homebound and in need of medical treatment. It is not indicated for homemaker services or home health aide services. The clinical documentation submitted for review indicated that the patient required 5 hours a day 7 days a week of home care assistance which was noted to include shopping, cleaning, laundry, bathing, dressing, using the bathroom, and showering. There was lack of documentation of a necessity for medical services. Additionally, there was a lack of documentation indicating the duration of care that would be necessary. The request for home care assistance, 5 hours per day, 7 days each week, is not medically necessary or appropriate.

A yearly gym membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership.

Decision rationale: The Physician Reviewer's decision rationale: According to the Official Disability Guidelines, gym memberships and swimming pools are not considered medical treatment and are not covered under. The clinical documentation submitted for review indicated that the patient should have a yearly membership for access to warm pool exercise. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating the duration of care for the yearly memberships. The request for a yearly gym membership is not medically necessary or appropriate.

A blood pressure monitor: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment Section.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend durable medical equipment if the medical equipment can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not

useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. There was a lack of documentation indicating a rationale for the requested service. Additionally, a blood pressure machine is useful to a person in the absence of illness or injury. There was a lack of documentation indicating the unit was for rental or purchase. The request for a blood pressure monitor is not medically necessary or appropriate.

Updated connective tissue workup and baseline laboratory studies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website MedLinePlus.com.

Decision rationale: The Physician Reviewer's decision rationale: According to the website MedlinePlus Online, laboratory tests check a sample of your blood, urine, or body tissues to see if they are within normal limits. There was a lack of documentation indicating which connective tissue studies and which laboratory studies were needed. The request for updated connective tissue workup and baseline laboratory studies is not medically necessary or appropriate.

Acupuncture twice monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to indicate prior treatments the patient had received. Additionally, there was a lack of documentation indicating a duration of care that was being requested. The request for Acupuncture twice monthly is not medically necessary or appropriate.

A yearly ophthalmology evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 163

Decision rationale: The Physician Reviewer's decision rationale: The ACOEM Practice Guidelines indicate that a consultation may aid in therapeutic management. The clinical documentation submitted for review indicated the patient needed yearly ophthalmology

evaluations for diabetes mellitus. The request as submitted failed to indicate a duration of care. The request for a yearly ophthalmology evaluation is not medically necessary or appropriate.