

Case Number:	CM13-0065672		
Date Assigned:	01/03/2014	Date of Injury:	01/13/1993
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 71-year-old male who reported an injury on 01/13/1993. The mechanism of injury was not provided. The patient was noted to undergo 5 back surgeries. The patient's medication history included Norco and Lyrica since late 2012. The recent clinical documentation dated 10/12/2013 revealed that the patient underwent a stimulator trial, but had continued pain. The patient's medication was noted to help take the pain off. The patient was noted to have progressive impairment of day-to-day functions including impairment of activities of daily living including bathing, dressing, undressing, transferring from bed to chair and back again, using the toilet, walking, and performing light household duties. The patient's diagnoses were noted to include status post thoracic laminectomy for placement of permanent spinal cord stimulator on 02/13/2013, status post lumbar hardware removal and exploration of fusion on 07/12/2012, status post posterior decompression L2 to the sacrum with discectomy L2-3, status post decompression and fusion L2-S1 with iliac crest bone graft and instrumentation in 03/2009, status post removal of lumbar hardware and revision decompression, left L3-4 in 02/2010, and status post extension of fusion T12-L2 for spinal stenosis in 02/2011. The request was made for Norco refill and a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health Care four hours a day, two days a week for six weeks: Upheld

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

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

Decision rationale: The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. 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. The clinical documentation submitted for review indicated the patient had difficulties with ADLs. There was lack of documentation indicating the patient was homebound and was in need of medical treatment of up to 35 hours per week. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for home health care/aide-4 hours a day 2 days a week for 6 weeks is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section, and Opioids Ongoing Management Section Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate documentation of an objective improvement in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.