

Case Number:	CM13-0067554		
Date Assigned:	01/03/2014	Date of Injury:	10/04/1996
Decision Date:	05/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] caregiver who has filed a claim for chronic low back pain, chronic neck pain, chronic knee pain, depression, anxiety, and chronic pain syndrome reportedly associated with an industrial injury of October 4, 1996. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; a home health aide; anxiolytic medication; transfer of care to and from various providers in various specialties; multilevel lumbar fusion surgery; total knee arthroplasty; and extensive periods of time off of work. In a Utilization Review Report of November 12, 2013, the claims administrator denied a home health aide, Lortab, Soma, Valium, and Doral. Portions of the Utilization Report were truncated as a result of repetitive photocopy and faxing. The claims administrator stated that there was no evidence that the applicant had increased functionality with the medications in question. In an October 15, 2013, Pain Management Report, the applicant is described as presenting with persistent 7/10 pain. She is using intrathecal infusion pump. She has significant functional limitations. She continues to rely on a walker, it is stated. She recently fell and had to call out the neighbors. Her neighbors contacted paramedics. The applicant suffered a fall involving the hip. The applicant required a surgical fixation of the same and stayed in a skilled nursing facility to receive postoperative physical therapy. Requests for a motorized scooter have apparently been denied. The applicant is unsteady on her feet. The applicant is asked to continue intrathecal Dilaudid, Ambien, Sonata, Lortab, Soma, Valium, Halcion, Norvasc, guaifenesin, and Remeron. Cymbalta is apparently discontinued. It is stated that the applicant is a high fall risk and needs a home health aide to facilitate activities of daily living. It is stated that the applicant needs assistance for safety, ambulation, activities of daily living, meal preparation, bathing, dressing, medication administration, supervision, and transportation. A motorized scooter is also sought. It appears

(but is not clearly stated) the applicant did receive home based physical therapy at one point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID 4 HOURS PER DAY X 5 DAYS PER 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 Page(s): 51.

Decision rationale: As noted by the attending provider, he is seeking a home health aide assistance to facilitate performance of activities of daily living including cooking, cleaning, bathing, transportation, etc. Such services are specifically not covered when they are the only service being requested, as noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, it does not appear that the applicant is receiving home-based physical therapy or home-based wound care following recent left hip open reduction and internal fixation (ORIF) surgery. Therefore, the request remains not certified as there is no clear evidence that the applicant is concurrently receiving other covered medical services at home. While this is, strictly speaking, a postoperative case as opposed to a chronic pain case following recent hip ORIF surgery, MTUS 9792.23.b2 notes that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does directly address the request for home health aide services, it was selected although, as previously noted, this is a postoperative case as opposed to a chronic pain case.

LORTAB 10/500MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: As noted on pages 47 and 48 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be used only if needed for severe pain and only for a short time. In this case, however, the applicant is status post recent hip ORIF surgery. She is having severe pain complaints. Ongoing usage of Lortab to combat the applicant's severe pain postoperatively was indicated and appropriate. Therefore, the request is certified, on Independent Medical Review. As with the request for the home health aide, MTUS 9792.23.b2 states that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, since ACOEM Chapter 3,

pages 47 and 48 did address the need for opioids acutely, for severe pain purposes, it was therefore selected although, as noted above, this is, strictly speaking, a postoperative case.

SOMA 350MG: 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): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is "not recommended," particularly when used in conjunction with opioid agents. In this case, the applicant is using an opioid agent, Lortab. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request remains not certified, on Independent Medical Review. Again, as with the other request, section 9792.23.b2 does permit usage of any applicable treatment guidelines found within the MTUS during the postsurgical treatment period. In this case, since page 29 of the MTUS Chronic Pain Medical Treatment Guidelines did address the request for Soma, it was therefore selected although this is, strictly speaking, a postoperative case.

VALIUM 10MG: 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): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as Valium are not recommended for chronic or long-term use purposes. The MTUS suggests usage of an antidepressant for long-term anxiety needs. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is likewise not certified. Again, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines was selected for this postoperative case as it directly addresses the topic at hand, in-line with MTUS 9792.23.b2.

DORAL #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): 24.

Decision rationale: Doral (quazepam) is a benzodiazepine anxiolytic. As with the request for Valium, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does not support chronic, long-term, or scheduled usage of Doral (quazepam) as it is being proposed here. In this case, furthermore, the attending provider has not proffered any narrative, rationale, or commentary so as to justify concurrent usage of two separate benzodiazepines, Valium and Doral (quazepam). Therefore, the request is likewise not certified, on Independent Medical Review. As with the other request, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines was selected as it directly addresses the topic at hand, in-line with section 9792.23.b2.