

Case Number:	CM13-0072491		
Date Assigned:	04/25/2014	Date of Injury:	11/16/2006
Decision Date:	05/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/31/2013

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 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:

This 53 year-old male sustained an injury on 11/16/06 while employed by [REDACTED]. A report of 10/2/13 from the provider noted the patient has increased fatigue; sleeps well and awakens refreshed; however, becomes fatigued as the morning progresses. A report of 7/1/13 noted the patient living in his mother's home who acts as his caregiver, but he plans to move out. A report of 11/4/13 noted the patient continues to move to his own home, is able to feed and bathe himself, but needs assistance with activities such as cooking, cleaning, and dressing. He needs a power wheelchair to decrease his use of the upper extremities. Diagnoses include cerebellar ataxia (result from stroke), obstructive sleep apnea, non-traumatic brain injury, occupational chemical exposure, and diffuse tremor syndrome. Conservative care has included physical therapy, speech therapy, and medications. Treatment requests include Nuvigil, Vicodin, power wheelchair, and home health services 8hours/day x 7 days a week without an end date.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Chronic Pain Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request is not medically necessary and appropriate.

HOME HEALTH SERVICES, 8 HOURS A DAY, 7 DAYS A WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Home health services Page(s): 52.

Decision rationale: The MTUS Chronic Pain Guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. Medical reports submitted for review do not demonstrate the patient to be homebound nor are there any clinical findings of specific neurological and musculoskeletal deficits requiring active home rehabilitation or limiting ADL function. The request is not medically necessary and appropriate.