MAXIMUS Federal Services

Case Number:	CM14-0016016		
Date Assigned:	06/04/2014	Date of Injury:	06/28/2000
Decision Date:	08/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 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 62-year-old female who reported an injury on 06/28/2000. The mechanism of injury was a heart attack. The injured worker's prior treatments were noted to be physical therapy, medications, and surgery. The injured worker's diagnoses were noted to be cervical radiculopathy, status post fusion of the cervical spine, lumbar radiculopathy, status post lumbar laminectomy, myoclonic cervical spasms and severe/chronic cervical dystonia. The injured worker had a clinical examination on 03/20/2014. The injured worker's chief complaints at that time were chest pain, difficulty breathing and a rapid heart rate. Upon physical examination, the injured worker presented ill-appearing with wasting. There were well-healed cervical spine surgical scars and multiple scars at the left wrist with an extensive scar over the right clavicle in the right shoulder area. The chest presented with clear lung sounds. Cardiac exam was normal with the exception of a murmur. The abdomen was soft and minimally tender with the beginning of a new ventral wall hernia. It was noted this was repaired previously but has returned due to a gastrotomy tube placed following cervical spine surgery. The neurological exam was noted to be grossly intact. The discussion was for the injured worker to continue seeing a cardiologist, follow up with laboratory testing and return in 6 weeks. The provider's rationale further request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL STRAP MUSCLES WITH BOTOX x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines BOTOX Page(s): 25-26.

Decision rationale: The request for cervical strap muscles with Botox x6 is non-certified. The California MTUS American College of Occupational and Environmental Medicine state: Injecting Botox has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. Mild side effects were fairly common including dry mouth and dysphagia. While existing evidence shows injecting Botox to be safe, caution is needed due to the scarcity of high quality studies. The California MTUS Chronic Pain Medical Treatment Guidelines state Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Cervical dystonia is a condition that is not generally related to Worker's Compensation injuries and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position or some combination of these positions. The most recent clinical evaluation did not indicate pain regarding dystonia. The documentation did not indicate any decreased range of motion. The evaluation did not indicate any cervical dystonia complaints. Therefore, the request for cervical strap muscles with Botox x6 is not medically necessary.

CONTINUE HOME HEALTH CARE (4) HOURS A DAY: 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 request for continued home health care, quantity 4 hours a day is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include a homemaker's 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 evaluation does not provide documentation to support the injured worker being homebound or homebound on an intermittent basis. There was no subjective evidence of home services requested. There was no indication in the treatment plan that the injured worker was recommended home health services. Therefore, the request for continuing home health care, quantity 4 hours a day is not medically necessary.

HYDROCODONE BIT/APAP 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for hydrocodone BIT/APAP 10/325 mg quantity 20 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide for domains that are relavant for ongoing monitoring of chronic pain patients on opiods. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4As" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect the therapeutic decisions and provide a framwork for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. Pain asssessment should include: current pain; the lease reported pain over the period since last assessment; average pain; intensity of pain after taking the opiod; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. According to the assessment, an injured worker has an inadequate pain assessment that does not address the 4As according to the guidelines. In addition, the request for hydrocodone fails to provide a frequency. Therefore, the request for hydrocodone BIT/APAP 10/325 mg quantity 120is not medically necessary.

FENTANTYL 25MCG/HR #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Fentanyl 25 mcg/hour, quantity 10 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide for domains that are relavant for ongoing monitoring of chronic pain patients on opiods. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4As" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect the therapeutic decisions and provide a framwork for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. Pain asssessment should include: current pain; the lease reported pain over the period since last assessment; average pain; intensity of pain after taking the opiod; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The injured worker's clinical evaluation fails to provide the adequate pain assessment addressing the 4As according to the guidelines. In addition, the request fails to provide a dose frequency. Therefore, the request for Fentanyl 25 mcg per hour, quantity 10 is not medically necessary.