

Case Number:	CM14-0017204		
Date Assigned:	04/14/2014	Date of Injury:	08/24/2005
Decision Date:	05/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 & 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 56-year-old male who reported an injury on 08/25/2005 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his neck, bilateral shoulders, back, right knee, left leg, and right foot. The injured worker's treatment history included multiple surgical interventions, postoperative physical therapy, regular physical therapy, injections, cognitive behavioral therapy, multiple medications, acupuncture, and home health assistance. The injured worker was evaluated on 01/15/2014. It is documented that the injured worker had pain in the lumbar spine radiating into the right lower extremity rated at 6/10. Physical findings included assisted ambulation with a cane due to an unstable gait. Physical findings of the ankles documented normal range of motion with evidence of allodynia in the right lower extremity, 4/5 motor strength in the plantar flexors, foot evertors, foot invertors, and big toe extensors on the right side. The injured worker's diagnoses included right ankle/foot crush injury, and complex regional pain syndrome to the right foot/ankle. The injured worker's treatment plan included consideration of a spinal cord stimulator trial, participation in social activities, and continued medications. The request was made for home health services as the injured worker's deficits interfere with participating in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR OPANA ER 10MG #60: 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 Expert Reviewer's decision rationale: The requested prescription for Opana ER 10 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 2011. The California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief, functional increases, or evidence that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the prescription for Opana ER 10 mg #60 is not medically necessary or appropriate.

PRESCRIPTION FOR NORCO 5/325MG #60: 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 Expert Reviewer's decision rationale: The requested prescription for Norco 5/325 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 2011. The California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief, functional increases, or evidence that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the prescription for Norco 5/325 mg #60 is not medically necessary or appropriate.

PRESCRIPTION FOR BACLOFEN 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Expert Reviewer's decision rationale: The requested prescription of Baclofen 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration. Therefore, continued use would not be supported. There are no exceptional factors noted to extend treatment beyond guideline recommendations. Additionally, the request as it is submitted does not clearly define a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Baclofen 20 mg #60 is not medically necessary or appropriate.

30 HOME HEALTH CARE VISITS FOR 4 HOURS A DAY: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The requested 30 days of home health care visits for 4 hours a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health care for injured workers who are home bound on a part time or intermittent basis. The clinical documentation submitted for review does indicate that the injured worker is ambulatory with the use of a cane. There is no indication that the injured worker is considered home bound. Therefore, the requested 30 days of home health care visits for 4 hours a day is not medically necessary or appropriate.

1 OFF THE SHELF LUMBAR SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Expert Reviewer's decision rationale: The requested off the shelf lumbar support is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of lumbar supports in the management of chronic pain. There are no exceptional factors noted within the down to support extending treatment beyond guideline recommendations. As such, the requested 1 off the shelf lumbar support is not medically necessary or appropriate.