

Case Number:	CM14-0018034		
Date Assigned:	04/16/2014	Date of Injury:	03/24/1999
Decision Date:	06/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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: Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 03/24/1999. The mechanism of injury was not stated. Current diagnoses include chronic pain, dyspepsia, medication/stress induced constipation, anxiety/depression/insomnia, dyslipidemia, industrially related obesity, asthma, chest wall pain, excessive daytime sleepiness, and hypothyroidism. The injured worker was evaluated on 09/18/2013. The injured worker reported an improvement in gastrointestinal symptoms. Physical examination revealed a weight of 223 pounds, a blood pressure of 129/89, a heart rate of 62, an oxygen saturation of 95%, clear lung sounds, and a regular heart rhythm. Treatment recommendations at that time included continuation of current medication including Avinza 120 mg, hydromorphone 4 mg, Linzess 290 mcg, furosemide 40 mg, atorvastatin 20 mg, Senna plus 8.6 mg, Topamax 100 mg, paroxetine 40 mg, carisoprodol 350 mg, atenolol 25 mg, Lyrica 50 mg, Lovaza 1 gm, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 8 HOURS/DAY, 7 DAYS/WEEK X 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Home Health Services.

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

Decision rationale: The California MTUS Guidelines state home health services are recommended 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. There is no indication that this injured worker is homebound and does not maintain assistance from outside resources. The current request for a home health aide 8 hours per day, 7 days per week exceeds Guideline recommendations. The specific type of treatment required was also not stated in the request. The California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Based on the clinical information received, the request for home health aide 8 hours/day, 7 days/week x 12 weeks is not medically necessary and appropriate.

AVINZA 120MG. QTY. #90 - DO NOT DISPENSE UNTIL 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Page(s): 81. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Avinza 120 mg since 06/2013. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request for avinza 120mg. qty. #90 - do not dispense until 2/13/14 is not medically necessary and appropriate.

AVINZA 120MG. QTY. #90 - DO NOT DISPENSE UNTIL 3/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Avinza 120 mg since 06/2013. There is no documentation of objective functional improvement as a result of the ongoing use of this

medication. There is also no frequency listed in the current request. As such, the request for avinza 120mg. qty. #90 - do not dispense until 3/13/14 is not medically necessary and appropriate.

HYDROMORPHONE 4MG. QTY. #180 - DO NOT DISPENSE UNTIL 2/13/14: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized hydromorphone 4 mg since 06/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request for hydromorphone 4mg. Qty. #180 - do not dispense until 2/13/14 is not medically necessary and appropriate.

HYDROMORPHONE 4MG. QTY. #180 - DO NOT DISPENSE UNTIL 3/13/14: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized hydromorphone 4 mg since 06/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request for hydromorphone 4mg. qty. #180 - do not dispense until 3/13/14 is non-certified.

6) FUROSEMIDE 40MG. QTY. #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/furosemide.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 April 2014.

Decision rationale: Furosemide is a diuretic, used to reduce the swelling and fluid retention caused by various medical problems, including heart or liver disease. It is also used to treat high blood pressure. As per the documentation submitted, there is no clear evidence of edema associated with congestive heart failure, cirrhosis of the liver, or renal disease. There is also no mention of chronic hypertension. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request for FUROSEMIDE 40MG. QTY. #30 is not medically necessary and appropriate.

LOVAZA 1GM. BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, OMEGA-3 EFAS, COD LIVER OIL.

Decision rationale: The Official Disability Guidelines state cod liver oil is recommended. The efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. The injured worker does not maintain a diagnosis of arthritis. There is no clear documentation of a condition or diagnosis for which Lovaza is indicated. There is also no quantity listed in the current request. Therefore, the request for Lovaza 1gm. BID is non-certified.