

Case Number:	CM14-0113150		
Date Assigned:	08/04/2014	Date of Injury:	01/23/2005
Decision Date:	10/31/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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 injured worker is an 87 year old female who was injured on January 23, 2005. The mechanism of injury is undisclosed. The diagnoses listed as sprain lumbar region. The most recent progress note dated 5/13/14, reveals complaints of persisting and increasing pain and stiffness to the lumbar spine radiation down both lower extremities, with numbness, tingling, and weakness to the legs. The injured worker reports difficulty ambulating and uses a cane for assistance, significant difficulty performing activities of daily living, unable to drive for any reason, shop for groceries, run errands, bathing due to high step in her bath tub, dressing herself, and cleaning house. Exam revealed lumbar spine tenderness to palpation of the paraxial musculature, with spasticity, referred pain to both buttocks and lower extremities was noted, unable to toe and heel walk and squat, range of motion of the lumbar spine is limited, with flexion to 42 degrees, extension to 12 degrees, right and left lateral bending to 14 degrees, right and left rotation to 15 degrees, straight leg raising is positive bilaterally at 40 degrees, and Lasegue testing is positive bilaterally. Diagnostic testing dated 3/24/09 MRI of lumbar spine revealed lumbosacral spine and strain, multilevel disc bulges, hypertrophic changes and narrowing of the neural foramina and bilateral lower extremity radiculopathy. Prior treatment includes symptomatic medications as needed. A prior utilization review determination dated 6/30/14 resulted in denial of home health visit evaluation and Prilosec 20 milligrams quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home health services

Decision rationale: As noted in Official Disability Guidelines - Online version, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker 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. There is no indication in the documentation that the injured worker requires medical treatment that requires trained medical professional and in-home visits. Assistance with homemaker services is not supported. As such, the request for Home health evaluation is not medically necessary.

Prilosec 20mg #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter); Food and Drug Administration (FDA) (Omeprazole).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker is over 65 years of age; however, the documentation indicates the injured worker utilizes motrin on an as needed basis and fails to establish gastric complaints. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg #30 cannot be established as medically necessary.