MAXIMUS Federal Services

Case Number:	CM14-0113173		
Date Assigned:	08/01/2014	Date of Injury:	05/19/1994
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
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 Occupational 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:

This is a 58-year-old female with a 5/19/94 date of injury. The mechanism of injury occurred when she fell in the parking lot at work. According to a progress report dated 6/11/14, the patient stated that she continued to use Norco, up to 6 tablets per day. She has been working very hard, and the extra hours flare up her pain. She stated in the past, she had a housekeeper covered by her insurance. Her sleep continued to be very poor, mainly due to her pain issues. Objective findings: mild depressive symptoms, tender to palpation over bilateral SI joints, positive SI joint compression. Diagnostic impression: post-laminectomy syndrome, lumbar facet syndrome, bilateral SI joint dysfunction. Treatment to date: medication management, activity modification, ESI. Regarding sleep study, the provider notes poor sleep patterns and does not addres the specifics of the sleep pattern and nighttime pain control and patient detailing of her sleep difficulties and reasons are not provided. Regarding housekeeper, the provider states the patient "works very hard", guidelines are not met for housekeeper duties. The request for nortriptyline was certified as medically necessary. The request for Norco was modified from 180 tablets to 150 tablets. Continued use is not supported absent adequate documentation, evidencing specific benefits, opioid monitoring, and medical necessity for continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 13-16, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers Compensation (TWC): Sleep studies.

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.

Decision rationale: CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. There is no documentation as to how long the patient has been having insomnia. In addition, there is no documentation that the provider has addressed proper sleep hygiene with the patient. Furthermore, there is no discussion regarding medications the patient has tried and/or failed to promote sleep. Therefore, the request for Sleep Study was not medically necessary.

Housekeeper twice a month.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 51.

Decision rationale: CA MTUS states that 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. According to the records provided for review, the patient is not homebound. There is no documentation that the housekeeping service being requested is for medical treatment. 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. Therefore, the request for Housekeeper twice a month was not medically necessary.

Norco 10/325mg, Q4-6 hours, prn, #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. There is no documentation of functional gains from the use of this medication. Therefore, the request for Norco 10/325mg, Q4-6 hours, prn, #30 was not medically necessary.

Trial Nortriptyline 25mg, .5 - 1 tab, QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. According to a progress note dated 6/11/14, the provider is requesting a trial of nortriptyline due to the fact that the patient continues to have very poor sleep, which is impacting on her pain level, possibly due to restless leg type syndrome, the syndrome due to neurologic dysfunction. Guidelines support the use of nortriptyline for neuropathic pain. However, a UR decision dated 6/18/14 certified the request for nortriptyline 25 mg 0.5 to 1 tab QHS #30. It is unclear why this duplicate request is being made at this time. Therefore, the request for Trial Nortriptyline 25mg, .5 - 1 tab, QHS was not medically necessary.