

Case Number:	CM14-0150282		
Date Assigned:	09/18/2014	Date of Injury:	06/17/1997
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 66-year-old female with a 6/17/97 date of injury. A specific mechanism of injury was not described. According to a handwritten progress note dated 8/12/14, the patient stated that her low back pain was worse with left knee and foot radiculopathy, inhibiting ambulation. Her medications have been helping, but not nearly as much. According to a home care evaluation note dated 8/5/14, it is noted that the patient needs assistance in all of her activities of daily living due to her lower extremity limitations. The patient still needs assistance by an RN for long-term care. She has had a caregiver assisting her with housekeeping, laundry, groceries, cooking and meal preparations, and transportation. Objective findings: moderate paralumbar myospasm. Diagnostic impression: cerebral atherosclerosis, non-allopathic lesion of sacral region, lumbar disc disease with myelopathy, fibromyalgia syndrome, nerve root irritation. Treatment to date: medication management, activity modification. A UR decision dated 8/29/14 denied the requests for home health aide and RN evaluation and denied the request for Acetaminophen-Codeine from 240 tablets to 60 tablets and Gabapentin from 120 tablets with 2 refills to 120 tablets with zero refills. Regarding home health aid visits, guidelines do not recommend home health aides for supervision with activities of daily living including homemaker services. Regarding RN evaluation, there is no documentation to suggest that the patient is completely homebound and unable to attend monthly office visits, in-home evaluation is not necessary. Regarding Acetaminophen-Codeine, there is insufficient evidence to suggest that substantial pain control and improvements in function were experienced from taking opiates since at least 2012. Regarding Gabapentin, the documentation reviewed failed to reveal a measurable improvement in the patient's neuropathic pain as a result of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Health Aide 8 Hours per Day 7 Days per Week for 12 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines (CMS, 2004)

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 a home care evaluation note dated 8/5/14, it is noted that the patient needs assistance in all of her activities of daily living due to her lower extremity limitations. There is no documentation that this request 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 1 Home Health Aide 8 Hours per Day 7 Days per Week for 12 Weeks are not medically necessary.

1 RN Evaluation At Prior To End Of Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic)

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. In the documents provided for review, there is no rationale provided for this request. It is unclear if the RN evaluation is requested for a medical purpose or for purposes of assisting the patient with her activities of daily living. Medical necessity has not been established for this request. Therefore, the request for 1 RN Evaluation At Prior to end of Care is not medically necessary.

Acetaminophen-Codeine 300-60mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

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. In fact, the patient has stated that her medications were helping but not "nearly as much". Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Acetaminophen-Codeine 300-60mg #240 is not medically necessary.

Gabapentin 300mg #120 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. According to the note dated 8/12/14, the prescriber is prescribing gabapentin for the patient's fibromyalgia syndrome. However, this is a request for a 3-month supply. Careful monitoring for functional improvement and adverse effects are necessary, especially with the initiation of a medication. In addition, according to the reports provided for review, the patient is seen by her primary treating provider on a monthly basis. A specific rationale as to why the patient requires a 3-month supply at this time was not provided. Therefore, the request for Gabapentin 300mg #120 with 2 Refills is not medically necessary.