MAXIMUS Federal Services

Case Number:	CM14-0150719		
Date Assigned:	09/19/2014	Date of Injury:	06/03/1998
Decision Date:	12/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 64-year-old female who reported injury on 06/03/1998 due to unspecified cause of injury. The injured worker complained of bilateral shoulder pain with weakness with difficulty pushing, pulling and reaching. The injured worker had diagnoses of cervical spine strain/sprain, anterolisthesis of C5 on C6, thoracic sprain/strain, and lumbar sprain/strain with facet degenerative joint disease, scoliosis to the right and severe degenerative disc disease at the L2-3 with spondylosis at the L4-5. The diagnostics included an x-ray dated 04/04/2009 that revealed slight degenerative joint disease at the cervical spine. Medications included Neurontin, Zanaflex, Lidoderm patch, Butrans patch, and Celebrex. The injured worker rated her pain with the medication 4/10 to 5/10 and without pain medication, 8/10 using the visual analog scale (VAS) with duration of relief for 4 to 5 hours. Functional abilities with meds able to perform activities of daily living (ADLs), improve participation in home exercise program and improve sleep pattern. Past treatments include medications, injections. The review of systems dated 08/19/2014 for the musculoskeletal, the injured worker was positive for joint pain, muscle spasms and sore muscles. Psychological was positive for stress, anxiety and depression. The neurological examination revealed positive for memory loss. The physical examination of the right shoulder revealed tenderness. The treatment plan included followup in 6 weeks, 24/7 home care indefinitely, transportation, and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home case 24 hours a day/ 7 days a week on an indefinite basis: 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 request for continued home case 24 hours a day/ 7 days a week on an indefinite basis is not medically necessary. The California MTUS Guidelines recommend medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by health care aides like bathing, dressing or using bathroom when this is the only care needed. The clinical notes do not indicate that the injured worker was qualified for home health services. Per the clinical notes, the injured worker exercises and is able to perform activities of daily living. The clinical note lacked the documentation that the injured worker was homebound. As such, the request is not medically necessary.

Continued transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Zanaflex 4mg, #90: 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 Tizanidine Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg #90 is not medically necessary. The California MTUS Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a secondary option for short term treatment of acute exacerbations in patients with chronic pain. The clinical notes do not evident that the injured worker complained of lower back pain. Her complaint was of shoulder pain and psychiatric complaints. The clinical notes indicate that the injured worker has been taking the Zanaflex dated 03/28/2014 exceeding the guidelines. The request did not address frequency. As such, the request is not medically necessary.

Neurontin 600mg, #60: 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 Ant epilepsy drugs(AEDs) Page(s): 16.

Decision rationale: The request for Neurontin 600mg, #60 is not medically necessary. The California MTUS guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical notes provided was not evident that the injured worker had a diagnosis of diabetic neuropathy or post herpetic neuralgia. Per the guidelines, the relief of pain is temporary with the use of Gabapentin. Additionally, the request did not address the frequency. As such, the request is not medically necessary.

Celebrex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Celebrex 100 mg #60 is not medically necessary. The California MTUS Guidelines indicate that anti-inflammatory drugs are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume but long term use may not be warranted. Comprehensive review of clinical trials on the efficacy and safety of the drugs for the treatment of lower back pain concludes that available evidence supports the effectiveness of nonsteroidal anti-inflammatory drugs in chronic lower back pain and antidepressants in lower back pain. Cox 2 inhibitors may be considered if the patient has a risk of GI complications, but not for the majority of patients. Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. The clinical notes did not indicate that the injured worker had arthritis or rheumatoid osteoarthritis or rheumatoid arthritis. The request did not address the frequency. As such, the request is not medically necessary.

Butrans patch 10mg, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Page(s): 27.

Decision rationale: The request for Butrans patch 10 mg #4 is not medically necessary. The California MTUS Guidelines recommend Butrans for the treatment of opiate addiction. It is also recommended as an option for chronic pain, especially in detoxification in patients who had history of opiate addiction. A scheduled 3 controlled substance, buprenorphine is a partial agonist of the MU receptor and antagonist at a kappa receptor and is thought to produce alterations in the perception of pain, including emotional response. The guidelines indicate that Butrans is indicated for the treatment of opioid addiction. The clinical notes did not indicate the injured worker had a history of opioid addiction. The request did not indicate the frequency. As such, the request is not medically necessary.