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| Case Number: | CM14-0154506 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/13/2001 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old female who reported an injury on 08/13/2001 due to an unknown mechanism. Diagnoses were status post anterior cervical decompression and fusion at C4-5 with radiculopathy, herniated nucleus pulposus at C3-4 and C6-7, trigger points in left levator scapula and trapezius, herniated nucleus pulposus at L4-5, chronic pain syndrome, chronic neuropathic pain in bilateral lower extremities, chronic low back pain, and insomnia secondary to pain. Physical examination on 09/10/2014 revealed complaints of constant neck pain, rated 6/10, which radiated to the bilateral upper extremities, with numbness, tingling, and cramping. There were also complaints of constant low back pain, rated 4/10, which radiated to the bilateral lower extremities, with numbness and tingling. The injured worker reported quality of life was limited due to pain. She currently takes Kadian and Senna which provide 60% relief with increased activities of daily living. The injured worker is currently on a home exercise program. Examination revealed restricted range of motion of the cervical spine and lumbar spine. Spurling's test was positive bilaterally. Straight leg raise, Braggard's, femoral stretch, and Kemp's test are all negative bilaterally. Treatment plan was for home health care for 6 hours per week. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home healthcare 6 hours a week: 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 Home Health Services Page(s): 51.

Decision rationale: The decision for unknown home healthcare 6 hours a week is not medically necessary. The California Medical Treatment Utilization Schedule states home health services are recommended only for patients who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. 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. It was not reported why the injured worker needed home health care 6 hours a week. The rationale was not reported. The clinical information submitted for review does not provide evidence to justify home health care 6 hours a week. Therefore, this request is not medically necessary.

1 prescription of Kadian 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for 1 prescription of Kadian 100mg, #30 is not medically necessary. The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's for ongoing monitoring of an opioid medication were not reported. The injured worker's functional improvement was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.