

<b>Case Number:</b>	CM14-0159368		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/30/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation 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 a 41-year-old male who reported an injury on 11/30/2005. The injured worker was cleaning at the end of the day, picking up small spools of wire and putting them on the forklift when he felt a very strong impact from his back and he was knocked down to the ground. The injured worker stated that the spool of wire that fell on him was about 6 feet tall and weighed from 700 pounds to 1000 pounds. The injured worker sustained injuries to his right leg. The injured worker's treatment history included surgery to his right leg, chiropractic treatment, acupuncture sessions, MRI studies, medications, physical therapy, epidural steroid injections, and psychological consultation and evaluation. The injured worker was evaluated on 08/27/2014 and it was documented that the injured worker was discharged from Casa Colina on 07/19/2014, which was noted not to have helped. It was documented the injured worker was using a regular wheelchair, causing increase in lower back and spinal pain. It was noted the mother does all activities of daily living, including helping the injured worker with personal hygiene and can intermittently pay bills, and goes for walk on a wheelchair approximately 3 times a week. Objective findings included the injured worker was wheelchair bound, uses wrap around walker for short distance to bathroom, uses diaper at night, 3 level spastic paraparesis was noted, severe left lower extremity paresthesia, hypalgesia, allodynia, atrophy, positive sudomotor changes, thinning of skin, and upper extremity weakness 5-/5, left greater than right with significant fatigue. Medications included Ambien 10 mg, Vicodin 7.5/300, Zanaflex, Gabapentin 600 mg, and lidocaine patches. Diagnoses included severe depression with suicidal ideation, headaches, cervical and lumbar spine pain, spinal arachnoiditis, left lower extremity sympathetic dystrophy, severe right mid tib/fib fracture with 2 mm displacement status post ORIF, right foot osteopenia severe, and occasional bowel and bladder incontinence. The Request for Authorization dated

09/03/2014 was for Vicodin, Ensure, and home custodial care with activities of daily living for 16 hours per day 7 days a week to be performed by mother.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicodin 7.5/300mg Qty: 360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Hydrocodone/ APAP (Vicodin) 7.5/300 mg QTY: 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documents provided do not give objective functional benefit or decreased pain attributable to opioid treatment, and the injured worker has been using the opioids chronically. In addition, per MTUS 2009 Guidelines, there are no long term trials. However, the request for Vicodin 7.5/300 mg quantity 360 failed to include the frequency and duration of medication. As such, the request for Vicodin 7.5/300mg Qty: 360.00 is not medically necessary.

**Ensure Qty: 270.00:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Medical Foods

**Decision rationale:** The request for Ensure is not medically necessary. Per the Official Disability Guidelines (ODG) does not recommend medical food not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements,

based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. See Food labeling; Reference Daily Intakes and Daily Reference Values; Mandatory Status of Nutrition Labeling and Nutrition Content Revision proposed rule (56 FR 60366 at 60377, November 27, 1991). The documents submitted failed to indicate the injured worker having oral tube feeding or a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. As such, the request for Ensure Qty: 270.00 is not medically necessary.

**Home custodial care performed by mother 16 hours per day (days): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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 home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The guidelines 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. As such, the request for Home custodial care performed by mother 16 hours per day (days) is not medically necessary.