

Case Number:	CM14-0022914		
Date Assigned:	05/14/2014	Date of Injury:	07/15/2009
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

The patient is a 65 year-old woman who was injured at work on 7/15/2009. The injury was primarily to her lower back, both knees, left shoulder, both wrists and the right hip. She is requesting review of denial for the following: Home Health Care (3 hours/day, 4 days/week) and for the ongoing use of Norco for pain. Medical records were available for review and include a Primary Treating Physician's Medical-Legal Supplemental Report (1/16/2014). This note corroborates the patient's ongoing pain symptoms. She had completed a "conservative treatment" program which included a corticosteroid injection to the left shoulder and left wrist. She had been offered arthroscopic surgery for the shoulder and wrist problems; however, she declined. She was also considered for pain management consultations to include lumbar epidural injections; however, she declined this treatment modality as well. Physical examination was notable for: muscular tenderness to the lumbar spine and left shoulder. Motor exam demonstrated: "normal muscle bulk and tone." "There is no evidence of atrophy or spasticity. Motor testing in major muscle groups of the upper extremities reveals no weakness." She has normal strength of her right lower extremity, but has significant atrophy/weakness of her left lower extremity as a result of childhood polio. Her gait is described as follows: "The patient ambulates with an abnormal gait favoring her left lower extremity. She presents with a single point cane. She is also known to utilize a rolling walker with seat on an occasional basis." Diagnoses include: Lumbar Musculoligamentous Sprain/Strain; Left Shoulder Impingement Syndrome; Bilateral Wrist Tendonitis; Bilateral Knee Sprain/Strain; History of Childhood Polio Affecting Left Lower Extremity." Treatment included a home exercise program and a refill of Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, 3 HOURS PER DAY, 4 DAYS PER WEEK: 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 Page(s): 51.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines describe the criteria for the use of Home Health Services. These criteria state 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. 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 records do not indicate that the patient meets these criteria for Home Health Services. There is no documentation to indicate that she is homebound. Further, the medical records indicate that the services requested include homemaker services including cleaning, laundry, and personal care. In summary, there is no documentation to support the criteria for the use of Home Health Services.

NORCO 5/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for the ongoing use of opioids for the treatment of pain. To meet the criteria for "On-Going Management" actions should include the following: there should be "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There should be evidence to include assessment of the "4 A's for Ongoing Monitoring" which includes: "pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors." There is insufficient documentation in the records to indicate that the patient has received such monitoring. In patients on opioids for chronic pain, the MTUS/Chronic Pain Medical Treatment Guidelines state that "failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The reassessment should include the following elements: Has the diagnosis changed? What other medications is the patient taking? Are they effective, producing side effects? What treatments have been attempted since the use of opioids? Document pain and functional improvement and compare to baseline. Does the patient appear to need a psychological consultation? Is there indication for a screening instrument for abuse/addiction? There is insufficient documentation in the records to indicate that the patient

underwent such as reassessment. Based on this information, the ongoing use of Norco is not considered as medically necessary.