

<b>Case Number:</b>	CM14-0023322		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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 55-year-old female with a 4/23/2003 date of injury, when a client fell off the shower into the patient. The patient fell backwards striking the total mid back and low back. The 2/14/14 determination was non-certified given no debility requiring home health care, documentation of which service was being provided, and what progress was being made. The reasons for non-certification of the medications were not included. The 2/25/14 report agreed medical re-evaluation identified pain in both shoulder, both elbows, both hands/wrists, both knees, and left ankle. It also stated that the patient continued working in the capacity of an apartment manager. The assessment included that for cervical spine. The provider apportioned 30% to pre-existing condition and 70% to continuous trauma. With respect to the other body parts, there was no evidence of any non-industrial factors. No future medical care was included as recommendations. Records indicate requests for medications and home health since 2012. It was not clear when the patient began receiving these services. The 1/31/14 medical report identified continued neck pain with stiffness and radiation. Also knee and forearm pain. Exam revealed tenderness and decreased range of motion of the cervical spine. Tenderness and crepitus of the knee, and a VAS 7-5/10. It was noted that the patient complained of heartburn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 4, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain.

**Decision rationale:** The patient continued with pain in multiple body parts, which was described at 5-7/10, and was prescribed the disputed medication. However, given the 2003 date of injury, the duration of opiate use to date is not clear, and it appears that the patient has been on this medication at least since 2012. There is no discussion regarding endpoints of treatment. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Without medication compliance guidelines, a favorable response cannot be given. The medical records did not clearly document current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant, with evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. Therefore, the request for Tylenol 4, #60 is not medically necessary.

**Prilosec 20MG, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient has been on medication management of a prolonged period of time and there are several medical reports documenting continued GI complaints, managed with Prilosec. It would be appropriate to continue this medication for the patient's GI complaints and to prevent further gastric irritation. The request for Prilosec 20mg, #30 is medically necessary.

**Continued home health care 4 hours a day 4 days a week for 4 weeks:** 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) Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services 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. There was no clear recent rationale for the need of continued home health. It was not clear since when the patient was receiving the services, the specific services performed, the functional results from such. It appeared that the patient was not home bound as she continued working as an apartment manager. The request for continued home health care 4 hours a day, 4 days a week for 4 weeks is not medically necessary.