

Case Number:	CM14-0029026		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2008
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 54-year-old female who reported an injury on 05/01/2008. The mechanism of injury was not provided. On 01/23/2014, the injured worker presented with neck pain radiating to the bilateral upper extremities. Current medications included methadone, Norco, Flexeril, and Prilosec. Upon examination, the injured worker ambulated with difficulty. Reflexes of upper extremities are 1+ and strength was 4/5 bilaterally of the upper extremities. The diagnoses were chronic neck pain, history of cervical laminectomies. MRI from 07/31/2013 showed interbody fusions at C5-6 and C6-7, and degeneration at C4-5, a 3 mm anterior subluxation at C4-5, and insomnia. The provider recommended 15 hours of home care, methadone, Norco, Flexeril, and Prilosec. The provider's rationale was that Norco helped with breakthrough pain and 10 hours a week of home care was stated to be not enough. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 hours a week of home care for personal hygiene, cooking, housekeeping, shopping, and transportation: 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 15 hours per week of home care for personal hygiene, cooking, housekeeping, shopping, and transportation is not medically necessary. The California MTUS Guidelines state home health services are recommended for treatment for injured workers who are homebound on a part time or intermittent basis, generally up to no more than 35 hours a week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by a home health aide like bathing, dressing and using the restroom when this is the only care needed. The request stated that home care was for personal hygiene, cooking, housekeeping, shopping, and transportation. These types of services are not congruent with the guideline recommendations of home health services. Additionally, there was lack of documentation indicating if the injured worker was homebound on a part time or intermittent basis. As such, the request is not medically necessary.

Prescription of Methodone 5mg, three times a day (tid), #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (when to continue).

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

Decision rationale: The request for methadone 5 mg 3 times a day with a quantity of 90 is non-medically necessary. The California MTUS Guidelines state that the use of opioids for ongoing management of chronic low back pain is recommended. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed methadone since at least 01/2014. The efficacy of the medication was not provided. A complete and adequate pain assessment of the injured worker's pain level was not provided. As such, the request is not medically necessary.

Prescription of Norco 10/325mg, by mouth two times a day , #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (when to continue).

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

Decision rationale: The request for a prescription for Norco 10/325 mg by mouth 2 times a day with a quantity of 120 is not medically necessary. The California MTUS Guidelines state that the use of opioids for ongoing management of chronic low back pain is recommended. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an

objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 01/2014. The efficacy of the medication was not provided. A complete and adequate pain assessment of the injured worker's pain level was not provided. As such, the request is not medically necessary.

Prescription of Flexeril 75mg, by mouth two times per day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 75 mg by mouth 2 times a day with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 75 mg per mouth 2 times a day with a quantity of 120 exceeds the guideline recommendations of short term therapy. Additionally, the injured worker has been prescribed Flexeril since at least 01/2014; the efficacy of the medication was not provided or the medical record documentation of significant objective functional improvement with the medication. As such, the request is not medically necessary.

Prescription of Prilosec 20mg, by mouth twice a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg by mouth twice a day with a quantity of 120 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The included medical documents lacked evidence of the injured worker being at moderate to high risk for gastrointestinal events. Additionally, the injured worker has been prescribed Prilosec since at least 01/2014; the efficacy of the medication was not provided. As such, the request is not medically necessary.