

Case Number:	CM14-0032620		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2001
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 36 year old female who sustained an injury on 10/12/01 when she fell into a hole injuring the bilateral knees. The injured worker had multiple surgical procedures for both knees which resulted in the injured worker in being non-weight bearing and immobile. The injured worker subsequently developed morbid obesity with her weight increasing to 280 pounds prior to bariatric surgery. The injured worker had gastric bypass in 2006 and lost approximately 100 pounds. The injured worker recently had ventral and umbilical hernia repair followed by pannulectomy in July of 2013. The injured worker also was followed from a psychological standpoint due to ongoing depression. This was being managed with antidepressants and Xanax. Further reconstructive procedures were completed for her breasts in 01/14. The injured worker was followed by treating specialist for pain management. The clinical record from 01/29/14 noted that the injured worker continued to have difficulty with activities of daily living including eating dressing and grooming. The injured worker had problems utilizing a keyboard and trouble standing sleeping walking sitting working or doing any housework. The injured worker reported benefits from both oral and topical medications. Physical examination noted spasms in the cervicocranial regions with left temporomandibular joint (TMJ) tenderness. The injured worker was reported to have decreased memory with serial sevens up to 93. Motor testing was difficult due to prior surgical interventions. Sensation was decreased in the right posterolateral arm and lower extremities. The injured worker ambulated with a mild limp involving the left lower extremity with all modalities of testing. Romberg test was positive to the right. There was tenderness to the lumbar spine. Recommendations were for continuation of home healthcare 10 hours a day seven days a week for 10 weeks due to chronic knee pain low back pain and radiculopathy. Medications were continued at this visit. The injured worker required further reconstructive procedures for the breasts in May and March of 2014. The requested home

healthcare 10 hours a seven days a week for 10 weeks, topical compounded medications including diclofenac, cyclobenzaprine, and Medrox patches were denied by utilization review on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (10) hours a day, (7) days a week for (10) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Home Health Care.

Decision rationale: In regards to the requested home health care for 10 hours a day, 7 days a week, for 10 weeks; the clinical documentation submitted for review did not demonstrate that the injured worker was completely incapacitated to the point that she relied on home healthcare to assist the injured worker in performing normal activities of daily living such as cooking, cleaning, or other personal care. The injured worker did not appear to be permanently homebound and there was no discussion regarding lack of support from family members. Given the lack of any clear indications the injured worker reasonably required home healthcare to the extent requested this request is not medically necessary.

Diclofenac 10%, Cyclobenzaprine 10%, 1-2 grams, 3-4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical compounded medications including prescribed agents such as anti-inflammatories and muscle relaxers are generally considered experimental/investigational in the clinical literature. There is no indication from the clinical records that the injured worker had failed oral medications or that oral medications were otherwise non-tolerated. The clinical literature has not been able to demonstrate that compounded topical formulations of anti-inflammatories or muscle relaxers are any more effective than standard over the counter standard oral versions. Therefore, this request is not medically necessary.

Medrox patch- Methyl Salicylate 20%, Menthol 5%, Capsaicin .0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for Medrox patches, this topical medication can be considered an option in the treatment of neuropathic symptoms per guidelines. Guidelines indicate that injured workers should have failed a reasonable trial of standard over the standard oral antidepressants or anticonvulsants for persistent neuropathic pain. The most recent assessments for the injured worker did not identify any specific findings consistent with neuropathic conditions or radiculopathy. There was no discussion regarding prior trials of anticonvulsants or antidepressants. Therefore, this request is not medically necessary.