

Case Number:	CM14-0033058		
Date Assigned:	04/30/2014	Date of Injury:	07/31/2005
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 applicant has filed a claim for bilateral wrist, elbow, neck, and shoulder pain reportedly associated with an industrial injury of July 31, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; muscle relaxants; and trigger point injection therapy. A January 21, 2014 progress note is notable for comments that the applicant should continue Norco, Lyrica, CytoFlex, Ketoflex, BuTrans, home exercises, and a home-health aide. Little or no rationale was provided. It was stated that the applicant's home health services authorization had expired. The applicant was reporting bilateral shoulder pain at that point in time and was reporting 9/10 pain without medications and 8/10 pain with medications. The applicant's work status was not provided, although it did not appear that the applicant was working. In a handwritten home health note dated August 13, 2013, it was stated that the applicant needed home health services for the purposes of doing the dishes, sweeping, and mopping, dusting, cleaning bathrooms, dressing, washing hair, showering, laundry, and grocery shopping. On March 4, 2014, the attending provider again noted that the applicant reported 9/10 pain with medications and 10/10 pain without medications. The applicant expressed anger that her disability was ending soon and stated that she did not feel that she was capable of returning to work. The applicant was tearful. The applicant had financial issues and was unable to afford her rent. The applicant was described as opioid dependent. It was stated that home health services should be provided to assist the applicant in bathing and washing her hair. A variety of medications, dietary supplements, topical compounds were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's reduction in pain levels from 10/10 without medications to 9/10 with medications is marginal to negligible at best and is outweighed by the applicant's failure to return to work and failure to perform even basic activities of daily living such as washing her own hair. Continuing Norco in this context is not indicated. Therefore, the request is not medically necessary.

BUTRANS 10MCG, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27; 7.

Decision rationale: As noted on pages 26 and 27 of the MTUS Chronic Pain Medical Treatment Guidelines, buprenorphine or BuTrans is recommended in the treatment of opioid addiction. In this case, however, it did not appear that the applicant is in fact using buprenorphine for treatment of opioid addiction purposes. The applicant is concurrently using another opioid, Norco, and does not appear to be intent on discontinuing Norco using buprenorphine for the purposes of diminishing consumption of other opioid. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that it is incumbent on the attending provider to include discussion of medication efficacy in his choice of recommendations. In this case, however, the applicant has been using buprenorphine and BuTrans for some time. There has been no discussion of medication efficacy provided on any recent progress note. It does not appear that buprenorphine has been successful in diminishing the applicant's consumption of Norco, for instance. Continuing the same, on balance, is not, consequently, indicated. Therefore, the request is not medically necessary.

CIDAFLEX, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: CidaFlex (glucosamine) is indicated in the treatment of pain associated with knee arthritis, in this case, however, the documentation on file does not establish any issues with knee arthritis for which glucosamine (CidaFlex) would have been indicated. Rather, the applicant's pain appears to be myofascial in nature and/or confined to the shoulder. Therefore,

the request is not medically necessary.

KETOFLEX OINTMENT 180GM: Upheld

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

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

Decision rationale: The ingredients in the compound are ketoprofen and Flexeril, a muscle relaxant. However, neither ketoprofen nor Flexeril are recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent on the attending provider to clearly state when the last time an applicant was tested, state what drug tests and/or drug panels are being tested for, and attach the applicant's complete medication list to the request for testing. In this case, however, none of the aforementioned criteria have been met. The attending provider did not state when the last time the applicant was tested. The attending provider did not state what drug tests and/or drug panels were being sought here. The attending provider did not attach the applicant's complete medication list to the request for testing. Therefore, the request is not medically necessary.

HOME HEALTH AID, 6 HOURS A DAY, 4 DAYS A WEEK WITH NURSE EVALUATION: 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: In this case, the attending provider stated that he intends the home health aide to help the applicant perform activities of daily living, including cooking, cleaning, washing her hair, doing laundry, bathing, etc. Such services are specifically not covered when they are the only services being requested, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not medically necessary.