

<b>Case Number:</b>	CM14-0033248		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 5/4/14. The mechanism of injury was not provided within the documentation. The injured worker's treatments were noted to be surgery and medication. The injured worker's diagnoses include lumbar strain, right hip strain and depression. The injured worker had a clinical evaluation on 4/10/14. He complained of low back and right hip pain, depression, and insomnia related to continued pain. The examination of the right hip revealed tenderness of the lateral hip. Patrick's test was positive on the right. Range of motion was limited due to pain. Right hip range of motion was decreased due to approximate 80% in extension and flexion. Left hip flexion and extension was decreased to 90%. Inspection of the lumbar spine showed mild tenderness and spasm of paralumbar muscles. Active range of motion included flexion 70% of normal, extension 60% of normal, right lateral flexion 60% of normal, and left lateral flexion 60% of normal. The treatment plan is to continue Percocet for pain control. The injured worker is to continue diclofenac gel topically. In addition, home house work help is sought due to the patient complaining of pain related to house cleaning and cooking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg #100, 1 TID:** 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): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherant) drug related behaviors. These domains have been summarized as the four As (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes overtime should affect therapeutic decisions and provide a frame work for documentation of the clinical use of these controlled drugs. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's physical examination on 4/10/14 failed to provide an adequate pain assessment for use of an opioid. According to the guidelines, the 4 As are not sufficiently addressed within the documentation. In addition, current pain and the least reported pain over a period since last assessment including average pain and intensity after taking the opioid and the time period for relief are not addressed within documentation. Therefore, the request is not medically necessary.

**Home visit for assistance with housework/cooking (4-6hours/week):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 3 to 5 hours per week. Medical treatment does not include homemaker services like; shopping, cleaning, and laundry, and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed. The documentation provided in a clinical examination on 4/10/14 does not indicate the injured worker in need of medical treatment in the home. It is documented that the injured worker is needing housework 4-6 hours per week to keep his house/apartment tidy and clean. That is not recommended by the guidelines. As such, the request is not medically necessary.

**Follow up office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management for outpatient visits to offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker's clinical evaluation on 4/10/14 does not indicate the injured worker with concerns, signs and symptoms, clinical instability or any other medically necessary need for a follow-up office visit. Therefore, the request for a follow-up visit is not medically necessary.