MAXIMUS Federal Services

| Case Number: | CM14-0040590 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 04/09/1999 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management, 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 44-year-old injured on April 9, 1999 due to a fall resulting in traumatic brain injury. Current diagnoses included traumatic brain injury with chronic headaches, history of seizure disorder with resolution approximately one year following initial injury, and difficulties with concentration and memory. Magnetic resonance image of the brain on September 13, 2012 revealed left maxillary sinus disease otherwise negative and previous magnetic resonance image on 2008 negative. Clinical note dated February 13, 2014 indicated the injured worker complained of significant headache rated 6-7/10. Injured worker reported current medication regimen did not significantly control pain levels. The injured worker had difficulty with wandering off and required constant stimulation and motivation to focus on tasks. Medications included Percocet, Trazadone, Cymbalta, Klonipin and Latuda. The wife of the injured worker had to decrease hours of work to care for the injured worker resulting in request for eight hours a day for home healthcare by the wife five days per week. Clinical note dated June 5, 2014 indicated the injured worker reported ongoing headaches with no recent seizure activity. The injured worker continued to have mood swings; however they were not as severe as when he was not receiving Percocet. Trazadone continued to be very helpful for sleep and Colace prevented constipation issues. With the use of medication the injured worker was able to work around their farm and care for animals and perform light household duties. Modification for home health care by wife was submitted for home health care which should not exceed a combined time of services of eight hours each day and 28 hours each week. The initial request for one prescription of oxycontin 40mg #90 and one request for home health care by wife eight hours per day five days per week had been modified to one request for home health care, which should not succeed a combined time of services of eight hours each day and 28 hours each week was non-certified on March 3, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, ninety count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oxycodone controlled-release (Oxycontin): [Boxed Warning]: Oxycontin Tablets; Product Information, Purdue Pharma; Washington, 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement associated with MS Contin. All documentation regarding pain management was specific to Percocet and Norco. Additionally, the use of this medication could contribute to the injured worker's level of confusion and exacerbate side effects. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Oxycontin 40 mg, ninety count, is not medically necessary or appropriate.

**Home health care by [redacted], eight hours daily, five days weekly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services), and section 50.7; California Labor Code 5307.8.

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

**Decision rationale:** 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. However, reimbursement for home health services can only apply to those individuals with medical training. The injured worker's [redacted] does not fall into this category and therefore cannot receive reimbursement for medical services rendered. As such, the request for Home health care by [redacted], eight hours daily, five days weekly, is not medically necessary or appropriate.