

Case Number:	CM14-0042551		
Date Assigned:	06/30/2014	Date of Injury:	05/29/2009
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehab and is licensed to practice in California and Washington. 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 72-year-old female with a reported date of injury on 05/29/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include degenerative joint disease of the bilateral knees, the right worse than the left; status post contusion of both knees; status post right knee replacement surgery with artificial prosthesis; deteriorating right hip pain with degenerative and post-traumatic arthritis; status post right hip replacement; and chronic lumbar musculoligamentous sprain/strain with radiculopathy. Her previous treatments were noted to include physical therapy, aquatic therapy, and medications. The progress note dated 04/08/2014 revealed that the injured worker was experiencing deteriorating low back pain with shooting pain to the left lower extremity and was unable to stand or walk for more than 10 minutes, and the left leg/knee buckled. The injured worker was afraid, tearful and very depressed due to her financial situation. The physical examination revealed a stiff and painful left shoulder, lumbar spine and hip. The straight leg raise test caused a shooting pain to the left lower extremity. An x-ray was performed and revealed thoracolumbar degenerative disc disease and lower lumbar degenerative disc disease. The x-rays of the right knee revealed a well-seated prosthesis of the right knee with moderate degenerative joint disease of the left knee. The progress note dated 06/23/2014 revealed that the injured worker complained of severe low back pain with an inability to function and sciatica to the left lower extremity and reported that it was hard for her to get out of bed. The injured worker was crying a lot due to pain and reported that she lived alone and had pain to the bilateral hips and knees. The physical examination revealed that the injured worker was unable to walk due to severe pain. The Request for Authorization form was not submitted within the medical records. The request was for a home health attendant with the ability to drive for 4 hours per day for 12

weeks, Celebrex 100 mg twice a day and Norco; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home attendant with ability to drive, four (4) hours per day for twelve (12) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (to & from appointments).

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

Decision rationale: The injured worker is a 72-year-old female with a reported date of injury on 05/29/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include degenerative joint disease of the bilateral knees, the right worse than the left; status post contusion of both knees; status post right knee replacement surgery with artificial prosthesis; deteriorating right hip pain with degenerative and post-traumatic arthritis; status post right hip replacement; and chronic lumbar musculoligamentous sprain/strain with radiculopathy. Her previous treatments were noted to include physical therapy, aquatic therapy, and medications. The progress note dated 04/08/2014 revealed that the injured worker was experiencing deteriorating low back pain with shooting pain to the left lower extremity and was unable to stand or walk for more than 10 minutes, and the left leg/knee buckled. The injured worker was afraid, tearful and very depressed due to her financial situation. The physical examination revealed a stiff and painful left shoulder, lumbar spine and hip. The straight leg raise test caused a shooting pain to the left lower extremity. An x-ray was performed and revealed thoracolumbar degenerative disc disease and lower lumbar degenerative disc disease. The x-rays of the right knee revealed a well-seated prosthesis of the right knee with moderate degenerative joint disease of the left knee. The progress note dated 06/23/2014 revealed that the injured worker complained of severe low back pain with an inability to function and sciatica to the left lower extremity and reported that it was hard for her to get out of bed. The injured worker was crying a lot due to pain and reported that she lived alone and had pain to the bilateral hips and knees. The physical examination revealed that the injured worker was unable to walk due to severe pain. The Request for Authorization form was not submitted within the medical records. The request was for a home health attendant with the ability to drive for 4 hours per day for 12 weeks, Celebrex 100 mg twice a day and Norco; however, the provider's rationale was not submitted within the medical records.

Celebrex 100mg twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs); NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: The request for Celebrex 100 mg twice a day is not medically necessary. The injured worker has complaints of severe low back, knee and hip pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for injured workers with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The guidelines recommend NSAIDs for acute exacerbations of chronic pain as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term, symptomatic chronic low back pain. The injured worker was diagnosed with severe osteoarthritis; however, there was a lack of documentation regarding the efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the amount of medication requested. Therefore, the request is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco is not medically necessary. The injured worker complains of low back, hip and knee pain. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status or side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, and adverse effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior; the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the dosage and frequency of the medication to be utilized. As such, the request is not medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Use Of Opioid Medications.

Decision rationale: The request for Ultram is not medically necessary. The injured worker complains of low back, hip and knee pain. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status or side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased function, and adverse effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior; the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the dosage and frequency of the medication to be utilized. As such, the request is not medically necessary.