

Case Number:	CM14-0045702		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2008
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 56 year old female injured on 12/12/08 as a result of a fall from a ten foot ladder. She sustained injuries to bilateral wrists, as well as neck and low back pain. Current diagnoses include herniated cervical disc with radicular symptoms, tendonitis and impingement of the right shoulder, status-post bilateral carpal tunnel release, herniated lumbar disc, symptoms of anxiety and depression, insomnia, trigger finger of the 5th digit, and hypertension exacerbated by chronic pain. A clinical note dated 02/14/14 indicates the injured worker presented complaints of neck, shoulder, arm, low back, and leg pain. The injured worker reports the left knee gave way on 12/21/13 and was evaluated and treated in a local emergency department. Physical examination revealed mild positive Tinel's and Phalen's of bilateral hands. Examination of cervical spine revealed positive axial loading compression test, Hoffmann's reflexes absent, and mobility restricted. Lumbar spine revealed pain on extension and straight leg raise was mildly positive bilaterally. Treatment plan includes prescription for OxyContin 20mg twice daily, Ultram 50mg four times daily, and Ambien 10mg four times daily. Additionally, a request was made for home health care 4 hours per day, 7 days per week to assist with cooking, cleaning, bathing, grocery shopping, laundry, and medical transportation. A walker with seat and wheels is recommended for the injured worker. The initial request for OxyContin 20mg #60, Ultram 50mg #90, Ambien 10mg #50, and home health care 4 hours per day, 7 days per week #1 was initially non-certified on 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids. Page 77. The Expert Reviewer's decision rationale: As noted on page 77 of 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 obtained with the continued use of narcotic medications. There were no visual analog pain scale scores documented for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. 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 20mg QTY:60.00 is not medically necessary.

Ultram 50mg QTY:90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91.

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 77 of 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 obtained with the continued use of narcotic medications. There were no visual analog pain scale scores documented for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. 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 Ultram 50mg QTY:90.00 is not medically necessary.

Ambien 10mg QTY:50.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) - online version, Chronic Pain, Zolpidem (Ambien). The Expert Reviewer's decision rationale: As noted in the Chronic Pain section of the Official Disability Guidelines, "Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers." There is also concern that Ambien may increase pain and depression over a long-term period. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Therefore, the request for Ambien 10mg QTY:50.00 is not medically necessary.

Home health care, 4 hours per week, 7 days per week QTY:1.00: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Home health services, page 51. The Expert Reviewer's decision rationale: As noted on page 51 of the Chronic Pain Medical Treatment Guidelines, "Home health services are recommended only for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Documentation indicates that the request for home health care is intended to assist with cooking, cleaning, bathing, grocery shopping, laundry, and medical transportation. These services are not included in home health services. Therefore, the request for home health care, 4 hours per day and 7 days per week QTY:1.00 is not medically necessary.