

Case Number:	CM14-0049901		
Date Assigned:	07/07/2014	Date of Injury:	03/18/1996
Decision Date:	08/01/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/17/2014

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 Illinois. 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 61-year-old female who reported an injury on 3/18/96. The mechanism of injury was not provided. On 1/8/13, the injured worker presented with diffuse body pain. Upon examination of the right knee, there was no swelling and flexion was measured at 100 degrees. The diagnoses were status post right knee total replacement and fibromyalgia syndrome. Prior treatment included Lidoderm patches and rheumatological care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping assistance; eight (8) hours per week: Upheld

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

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

Decision rationale: The California MTUS recommends home health services for injured workers 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, laundry, and personal care given by home health aides, like bathing, dressing, and using the restroom when this is the only care needed. The included documentation does not provide

enough information on the injured workers homebound status. Additionally, the guidelines do not recommend homemaker services as it is not considered medical treatment. As such, the request is not medically necessary.

Lidoderm patches; every 12 hours with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57-58.

Decision rationale: The California MTUS guidelines state that Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included medical documentation does not indicate that the injured worker has a diagnosis that would be congruent with the guideline recommendations for a Lidoderm patch. Additionally, the provider does not indicate a dose or the site at which the Lidoderm patches was indicated. The injured worker has been prescribed Lidoderm patches since at least December 2013; the efficacy of the medication was not provided. As such, the request is not medically necessary.

Norflex 100 mg; one tab twice a day, #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

Decision rationale: The California MTUS recommends antispasmodics to decrease muscle spasm in conditions such as lower back pain, although it appears that these medications are often used for treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. The medication has also been reported in case studies to be used for euphoria to have mood-elevating effects. The injured worker has been prescribed Norflex 100mg since at least December 2013; the efficacy of the medication was not provided. Additionally, Norflex should be used for short-term treatment and the request for 60 tablets with two refills exceeds the short-term recommendation of the guidelines. As such, the request is not medically necessary.

Re-Evaluation and treatment with (██████████) foot and ankle specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations, Chapter 7.

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 for proper diagnosis and return to function of an injured worker. The need for an office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker's conditions are extremely varied, a certain number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured workers outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. The included medical documentation does not include a rationale for the requested re-evaluation and an evolving treatment plan to include a foot and ankle specialist. As such, the request is not medically necessary.