

Case Number:	CM14-0069477		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2010
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 47-year-old female with a 10/14/10 date of injury. The mechanism of injury was not noted. According to a handwritten progress note dated 4/4/14, the patient complained of continued pain in the neck with swelling and hypersensitivity in right upper extremity. Objective findings: tender/hypersensitivity/cool to touch from elbow to hand. Diagnostic impression: cervical spine musculoligamentous sprain and strain with right upper extremity radiculopathy, treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/22/14 denied the requests for Ultram, Motrin, and continued home care. Regarding Ultram, monitoring of appropriate medication use with urine drug screen should be made available and in this case, there was a certified random urine sample, but was not provided for review. Regarding Motrin, the documentation does not outline an acute exacerbation of the patient's injury. Regarding continued home care, the documentation provided does not indicate the patient is home-bound nor has significant functional deficits on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg qty 120: 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): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram 50 mg qty 120 was not medically necessary.

Motrin 800 mg qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: The CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is documented that the patient feels Motrin is helpful and decreases inflammation and pain. Guidelines support the use of NSAIDs with documented functional improvement and pain relief. Therefore, the request for Motrin 800 mg qty 120 was medically necessary.

Continued home care: 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 CA MTUS states that 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. 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. According to a handwritten progress note dated 1/17/14, the provider states that home health care is being requested for cooking, cleaning, and laundry. There is no documented

medical necessity for home health care. Therefore, the request for continued home care was not medically necessary.