MAXIMUS Federal Services

Case Number:	CM14-0070305		
Date Assigned:	08/06/2014	Date of Injury:	09/23/1995
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in pain Medicine and is licensed to practice in Texas and Oklahoma. 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 reported date of injury of 09/23/1995. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include decondition secondary to pain with morbid obesity, psychological clearance for weight loss surgery, unsatisfactory analgesia, intrathecal low back pain sequelae to initial injuries, failed back surgery syndrome, neuropathic pain to the feet, non-functioning intraspinal drug delivery system, medical comorbidities, and chronic opioid utilization. Her previous treatments have been noted to include medications, surgery, and intrathecal drug delivery system. The progress note dated 02/28/2014 revealed the injured worker had a non-functioning intraspinal drug delivery system and was morbidly obese and was in a poor functional status that made her home-bound. She reported her back had been really flared and that no medication changes had been made. She was on a high dose of chronic opioid therapy and there were no aberrant behaviors noted or side effects. The injured worker was unable to perform activities of daily living independently and required maximum assistance for toileting, showering, and ambulating very short distances with maximum assistance from her husband and had home health assistance in the past that had been discontinued. The provider indicated he was requesting home health assistance for her for personal hygiene, light housekeeping, shopping, and meal preparation.The physical examination revealed the pain level rated at 7.5/10 and no peripheral edema. The progress note dated 03/26/2014 revealed complaints that the low back pain radiated to the right hip and across the back. She reported her hip felt like it was disjointed and had pain in the right foot that was 80% to 90% numb across the top of the foot and it felt like a burning, stabbing sensation. She was home-bound except for medical appointments. She was profoundly deconditioned and mostly bed-bound as a result of her industrial injury and pain. The progress

note dated 04/21/2014 revealed the injured worker revealed complaints that the worst pain was in the low back that radiated down the left lower extremity past the back of the knee. There were also complaints of numbness to the legs with 30% of her pain in the left lower extremity and 85% to 90% of the distressing numbness in the right leg. The physical examination revealed the injured worker required moderate assistance to get from the sitting position to the standing and transferring into the wheelchair. She rated her pain 7.5/10. The Request for Authorization form dated 05/02/2014 was for a nurse case manager to help the injured worker and her husband navigate the health care system for her industrial injury; a home health aid 4 hours per day, 5 days per week to allow the husband to enter the work world; and an electric scooter as well as a car lift to transport the scooter. The Request for Authorization form and the provider's rationale were not submitted for oxycodone 30 mg quantity of 120 and OxyContin 80 mg quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse Case Manager: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The injured worker is homebound and her husband assists with activities of daily living. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker. There is a lack of documentation specifically requesting services that a nurse case manager would provide in addition to the services the injured worker was already receiving from the physician's team of care provider's. Therefore, the request for a Nurse Case Manager is not medically necessary.

Home Health Aid (Days) Qty: 128.00: 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 California Chronic Pain Medical Treatment Guidelines recommend home health services for medical treatment for patients who are homebound, on a part time or intermittent basis, generally up to 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. The injured worker is homebound and needs homemaker services. However, there is a lack of documentation regarding medical treatment to warrant home health services. Therefore, the request for Home Health Aid (Days) Qty: 128.00 is not medically necessary.

Electric Scooter Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power mobility device.

Decision rationale: The injured worker utilizes a manual wheelchair. The Official Disability Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or a walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with the manual wheelchair. Early exercise, mobilization and independence should be encouraged throughout all steps of the injury recovery process, and if there is any mobility with gains or other assistive devices, a motorized scooter is not essential to care. The injured worker utilizes a manual wheelchair for mobilization that her husband was assisting her with. There is a lack of documentation regarding mobility constraints that would warrant the use of an electric scooter. Therefore, the request for an Electric Scooter Qty: 1.00 is not medically necessary.

Car Lift Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare:Patient lifts, Seal lifts and Stair lifts.

Decision rationale: The injured worker has a manual wheelchair. Van lifts (used to lift a wheelchair/scooter or person into a truck or van); vehicle ramps and other vehicle modifications or additions are excluded from coverage because they do not meet the definition of medical equipment. These devices facilitate transportation and do not primarily serve a medical purpose. Additionally, the previous request for an electric scooter was deemed not medically necessary

and therefore the request for a car lift is not needed. As such, the request for a Car Lift Qty: 1.00 is not medically necessary.

Oxycodone 30mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Therapeutic Trial of Opioids Page(s): 76-80.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California 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 of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens, with the last test performed 04/2014. Therefore, due to the lack of documentation regarding evidence of decreased pain, improved functional status the ongoing use for opioid medications is not supported by the guidelines. The opioid MED calculator recommends 100 morphine equivalent doses per day of morphine therapy and the combination of oxycodone and OxyContin exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication can be utilized. Therefore, the request for Oxycodone 30mg Qty: 120.00 is not medically necessary.

Oxycontin 80mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - Therapeutic Trial of Opioids.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California 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 of ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens, with the last test performed 04/2014.

Therefore, due to the lack of documentation regarding evidence of decreased pain, improved functional status the ongoing use for opioid medications is not supported by the guidelines. The opioid MED calculator recommends 100 morphine equivalent doses per day of morphine therapy and the combination of oxycodone and OxyContin exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication can be utilized. Therefore, The request for Oxycontin 80mg Qty: 120.00 is not medically necessary.