

<b>Case Number:</b>	CM14-0078642		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Pain Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37 year-old female with a date of injury of 10/12/2001. The listed diagnosis per [REDACTED] is status post incision of redundant skin of bilateral thighs and primary closure with advancement flap on 05/08/2014. Operative report indicates the patient lost an extensive amount of weight resulting in a redundant skin of her thigh, causing recurrent dermatitis between the folds of the skin, and the only effective treatment is excision of the redundant skin and primary closure. Progress report 05/14/2014 indicates she is status post-surgery, and her wounds are healing well. Patient is taking Motrin with food and Protonix. The patient is considered to be temporarily totally disabled through 07/01/2014. Examination revealed motor testing as difficult on her legs as she is status post multiple knee surgeries. Sensation was decreased at the left posterior arm. Sensation was decreased bilaterally at the outer thighs, legs, and plantar surfaces. Gait testing revealed that she walked with a mild limp with her left leg in all modalities of testing. She has tenderness at the spinal and cervical spine area. The treating physician states she is status post 7 left knee surgeries and 1 right knee surgery in the past. A request for authorization from 05/13/2014 requests Home Healthcare aid for "14 hours a day for 10 weeks, 7 days a week." The treating physician is also requesting retrospective review of Protonix, date of service 04/01/2014. Utilization review denied the request on 05/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 14 hours a day for 10 weeks, 7 days a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This patient is status post incision of redundant skin of bilateral thighs and primary closure with advancement flap on 05/08/2014. The treating physician states the patient continues to have difficulty with activities of daily living including eating, dressing, and grooming and is requesting a home healthcare aid for "14 hours a day for 10 weeks, 7 days a week." The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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." MTUS guidelines do not support home-care if "this is the only care needed." The treating physician appears to be asking for house cleaning and grooming only, with no other medical care needed at home. Furthermore, the treating physician is requesting 14 hours per day 7days per week, which exceeds what is recommended by MTUS. The request is not medically necessary.

**(Retro-review) Protonix DOS 04/01/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The treating physician is requesting retrospective request for Protonix, dispensed on 04/01/2014. Utilization review denied the request stating, "There is no documentation of GI disorders or chronic NSAID therapy, or failure of first-line PPI." The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the most recent progress report indicates the patient suffers from GERD. In addition, the patient has been taking Motrin on a long term basis. Therefore, the request is medically necessary.