

<b>Case Number:</b>	CM14-0078929		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/07/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Pennsylvania, Ohio, Michigan and 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 51-year-old male who was injured on 05/04/2004. There was no mechanism of injury noted in the medical records provided. The last progress report states the injured worker has low back, left foot and right hip pain rating 10/10 without medications and 6/10 with medications. The injured worker states the opiates allow activities of daily living such as walking and standing. Occasional pyrosis is reported by the injured worker. Exam findings reveal limited range of motion in the left foot and left big toe with valgus deformity and tenderness as well as tenderness over the foot. Hip exam revealed decreased range of motion with tenderness and positive Patrick's test on the right. There is also tenderness and spasm noted of the paralumbar muscles with limited range of motion. A request for Percocet 7.5/325 for pain control # 100 per month, Naproxen sodium 550mg and Home Housework Help 4-6 hours per week, and was denied by utilization review on 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325 for pain control # 100 per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The requested Percocet 7.5/325 is not medically indicated because this request fails to satisfy California MTUS Chronic Pain Guidelines as there is no submitted clinical evidence of periodic urine drug toxicology testing to insure claimant compliance. The MTUS states on page 78: (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. Such as, Percocet 7.5/325 for pain control # 100 per month is not medically necessary.

**Naproxen sodium 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** The requested Naproxen Sodium 550 mg is not approved because this medication is only indicated for osteoarthritis management based upon the MTUS Chronic pain guidelines which states on page 73: Naproxen (Naprosy ): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: As such, medical necessity has not been established.

**Home Housework Help 4-6 hours per week:** Upheld

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

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

**Decision rationale:** The requested home housework help for 4-6 hours per week is not approved as this is not medically indicated according to the MTUS Chronic Pain Guidelines on page 51: Home health services 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 (CMS, 2004). Therefore, Home Housework Help 4-6 hours per week is not medically necessary.