

<b>Case Number:</b>	CM14-0085524		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/02/1991
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 patient is a 67-year-old male who has submitted a claim for cervical degenerative disc disease, lumbar degenerative disc disease, lower extremity arterial disease, and osteoarthritis associated with an industrial injury date of 10/2/1991. Medical records from 2013 to 2014 were reviewed. The patient complained of sleep difficulty and falling out of bed. He likewise had low back pain, and bilateral knee pain. Pain severity was 8 to 9/10, and relieved to 4 to 5/10 upon intake of medications. He could only barely walk due to severe right knee pain. He was unable to perform housework. The patient was living alone. He was dependent on his friends for doing laundry, grocery shopping, and cleaning. He usually sits on an office type wheel-around chair in the kitchen most of the time. There were episodes of giving way of the right knee. Patient had difficulty in ambulation due to severe knee pain attributed to osteoarthritis. Physical exam showed bilateral leg edema and tenderness in the low back, hips, and knees. Doppler ultrasound performed on 1/27/2014 demonstrated right femoral-popliteal and inframalleolar artery occlusive disease, moderate arterial insufficiency at the level of the right ankle and severe arterial insufficiency at the level of the great toe, left femoral-popliteal artery occlusive disease, and moderate arterial insufficiency of the left lumbar extremity. Treatment to date has included right knee cortisone injection, and medications such as furosemide, aspirin, ibuprofen, Norco, vitamin D2, Valium, omeprazole, and Lyrica (since January 2014). Utilization review from 5/27/2014 denied the request for Home health aide 2-3 times a week for 6-12 month, quantity 36 because the medical necessity was not documented and the guidelines only recommended not more than 35 hours of home services per week; denied physician visits in a home setting because the patient was not homebound; denied Norco 10/325mg #540 because there was no evidence that prescriptions were from a single practitioner and that the lowest possible dose was prescribed;

denied Valium 10mg #180 because long-term use was not recommended; and certified Omeprazole 20mg #350 because patient is 67 years old.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health aide 2-3 times a week for 6-12 month, quantity 36:** 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:** As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, 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. In this case, patient complained falling out of bed, low back pain, and bilateral knee pain. The patient's pain severity was 8 to 9/10, and relieved to 4 to 5/10 upon intake of medications. He could only barely walk due to severe right knee pain. He was unable to perform housework. The patient was living alone. He was dependent on his friends for doing laundry, grocery shopping, and cleaning. He usually sits on an office type wheel-around chair in the kitchen most of the time. There were episodes of giving way of the right knee. Patient had difficulty in ambulation due to severe knee pain attributed to osteoarthritis. Physical exam showed bilateral leg edema and tenderness in the low back, hips, and knees. Patient was unable to perform activities of daily living independently, hence this request for home health care. There was no specified number of hours to meet guideline criterion of no more than 35 hours weekly. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. The medical necessity cannot be established. Therefore, the request for Home health aide 2-3 times a week for 6-12 month, quantity 36 is not medically necessary.

**Norco 10/325mg #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since January 2014. Pain severity was 8 to 9/10, and relieved to 4 to 5/10 upon intake of medications. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. Urine drug screens were not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #540 is not medically necessary.

**Valium 10mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 05/15/14), Anxiety medication in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the patient has been on Valium since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Valium 10mg #180 is not medically necessary.

**Omeprazole 20mg #350: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk, Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on omeprazole since January 2014. The patient is a 67-year-old male with concomitant hypertension and arterial disease. Maintenance medications include aspirin, lisinopril, and atenolol. Patient meets guidelines criteria for PPI prescription. However, there is no discussion as to why 350 capsules should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic conditions. Therefore, the request for Omeprazole 20mg #350 is not medically necessary.

**Physician visits in a home setting, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 04/10/14), Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

**Decision rationale:** CA MTUS does not specifically address the request of physician visits in a home setting. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of falling out of bed, low back pain, and bilateral knee pain. Pain severity was 8 to 9/10, and relieved to 4 to 5/10 upon intake of medications. He could only barely walk due to severe right knee pain. He was unable to perform housework. The patient was living alone. He was dependent on his friends for doing laundry, grocery shopping, and cleaning. He usually sits on an office type wheel-around chair in the kitchen most of the time. There were episodes of giving way of the right knee. Physical exam showed bilateral leg edema and tenderness in the low back, hips, and knees. Patient had difficulty in ambulation due to severe knee pain attributed to osteoarthritis, hence this request for a physician home visit. However, there was no comprehensive examination presented that may document physical impairments to warrant this request. The medical records submitted failed to provide evidence that the patient was truly homebound. Moreover, the patient was seen regularly at the physician office without mention of difficulty during transportation. The medical necessity cannot be established. Therefore, the request for Physician visits in a home setting, quantity 1 is not medically necessary.