

Case Number:	CM14-0086464		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2001
Decision Date:	09/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year-old individual was reportedly injured on January 7, 2001. The mechanism of injury not listed in these records reviewed. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of depression, anxiety, right knee pain and low back pain. The physical examination demonstrated 6 foot, 190 pound individual noted to be chronically ill and overweight. A decrease in cervical spine range of motion is noted. A slight decrease in strength in the bilateral upper extremities is reported. A marked decrease in lower chili motor function (2/5) is reported. Diagnostic imaging studies objectified were not reviewed. Previous treatment includes medications, arthroscopic knee surgery, physical therapy and other pain management techniques. A request had been made for multiple medications and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As outlined in the MTUS, this is a 1st line nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. However, when noting the presentation of the injured employee, the current physical examination, there is no data presented to suggest that this medication has any efficacy or utility whatsoever. Based on the ongoing complaints, the decrease in range of motion, currently this medication is not working and as such, the medical necessity cannot be established. Such as, Motrin 800mg #60 is not medically necessary.

Soma 350mg #30 x 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, Soma 350mg #30 x 2 Refills is not medically necessary.

Transportation to and From Medical Appointments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services , Housekeeping and Transportation Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: When noting the date of injury, the injury sustained, the findings on MRI, and the diagnosis offered by the requesting provider, there is no clinical indication why this individual cannot utilize public transportation if necessary. As noted, "his physical complaints and resulting impairment is grossly in excess of what one would be expected from the radiologic studies and physical examination findings", I have a hard time understanding why the prognosis is described as grim. As such, I am unable to determine any medical necessity for this request.

Home Health Care Assistance, 7 Hours per day, 5 Days per Week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services , Housekeeping and Transportation Page(s): 51.

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

Decision rationale: As outlined in the progress notes this individual had a right inguinal hernia repair, a lumbar laminectomy that was completed more than 12 years ago and nothing on

physical examination to suggest that there is a need for home health aide 7 hours per day. It is noted in the MTUS that a home health aide does not include homemaker services like shopping, cleaning, laundry and personal care. As such, there is no basis for this request. Home Health Care Assistance, 7 Hours per day, 5 Days per Week is not medically necessary.