

<b>Case Number:</b>	CM14-0181869		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Georgia. 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 55-year-old male who reported an injury on 01/28/2010 due to a motor vehicle accident. Diagnoses include status post meningocele repair, status post lumbar decompressive surgery, and right shoulder instability. Past treatments were medications, chiropractic, and physical therapy sessions. The injured worker had an MRI on 04/15/2014 that revealed a large subcutaneous fluid collection with a wide mouth tract connecting to the thecal sac opposite the first sacral segment. Findings account for the injured worker's cerebrospinal fluid leak. The injured worker has had 3 lumbar surgical procedures between 11/2010 and 06/11/2014. The injured worker has had an L5-S1 fusion, hardware removal, L4-5 discectomy, laminectomy, and scar tissue excision. During a lumbar surgical procedure in 01/2014, the meninges were damaged with a resultant meningocele that caused lower extremity paresthesia, weakness, and bladder and bowel dysfunction. The injured worker's most recent surgery was 06/11/2014 for meningocele repair and scar tissue excision when it was discovered that the dendritic nerves were irreparably damaged. The injured worker had an examination on 09/11/2014 that revealed complaints of ongoing discomfort in the low back and gastrointestinal issues. The injured worker also reported he had right shoulder pain with a sense of instability. Examination of the upper extremity demonstrated positive apprehension in the right shoulder on external rotation. Examination of the lumbar spine demonstrated diffuse tenderness and no evidence of recurrence of meningocele. There was limited range of motion. The treatment plan was for physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Continuous Home Health Services at 4 Hours per Day, 5 Days per Week for 6 Additional Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

**Decision rationale:** The decision for associated surgical service: continuous home health services at 4 hours per day, 5 days per week for 6 additional weeks is not medically necessary. The California Medical Treatment Utilization Schedule recommends home health services 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 weeks. 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 clinical documentation submitted for review does not provide evidence that the injured worker was homebound or had difficulties with activities of daily living. Furthermore, there was a lack of a rationale detailing a clear indication for home healthcare services. There was no documentation of the necessity for home healthcare assistance. The clinical information submitted for review does not provided evidence to justify continuous home health services at 4 hours per day, 5 days per week for 6 additional weeks. Therefore, this request is not medically necessary.

**Associated Surgical Service: Additional Physical Therapy to the Lumbar Spine and Right Shoulder at 2 Times per Week for 6 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** The decision for associated surgical service: additional physical therapy to the lumbar spine and right shoulder at 2 times per week for 6 weeks is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of a rationale detailing a clear indication for the need of physical therapy. There is a lack of

documentation of an objective assessment of the injured worker's pain level and functional status. The clinical documentation submitted for review does not provide evidence to support additional physical therapy to the lumbar spine and right shoulder at 2 times per week for 6 weeks. Therefore, this request is not medically necessary.

**Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) for Medication Monitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw4260.html>, <http://www.labtestsonline.org/understanding/analytes/cmp/glance.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 70.

**Decision rationale:** The decision for CBC and CMP for medication monitoring is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function test). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. It was unclear when the laboratory monitoring was last performed. The clinical documentation submitted for review did not provide a rationale detailing a clear indication for the CBC and the CMP blood testing. There were no other significant factors provided to justify the decision for CBC and CMP. Therefore, this request is not medically necessary.

**Nucynta 100mg 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The decision for Nucynta 100 mg 3 times a day is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function, and it is recommended that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be reported. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. The long term use of these medications should be based on measurements of

pain relief and documented functional improvement without side effects or signs of aberrant use. Therefore, this request is not medically necessary.

**Nucynta 150mg ER twice a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The decision for Nucynta 150mg ER twice a day is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function, and it is recommended that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be reported. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. Therefore, this request is not medically necessary.