

Case Number:	CM14-0199639		
Date Assigned:	12/10/2014	Date of Injury:	12/05/2007
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 underlying date of injury in this case is 12/05/2007. The date of the utilization review under appeal is 11/10/2014. On 10/20/2014, a PR-2 note reports the diagnosis of left shoulder internal derangement, bilateral shoulder tendinitis, and left elbow lateral epicondylitis. That note reports that the patient stated that she had a difficult 2 months, was running out of medications, and had new health issues. On exam, the patient had tenderness of the cervical spine, trapezius, shoulders, and lumbar spine. The treating physician stated the patient needed an internist consultation due to upper gastrointestinal symptoms with erosions. The treating physician noted that the patient had gastritis with erosions on upper GI study and thus requested an internist consultation. The patient was to continue on medications of Norco and Cymbalta. An initial physician review indicated that the medical records did not provide clear evidence of pathology to support an indication for Dexilant or an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home help, 4 hours daily, duration unspecified: 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 Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51, states that this is only recommended for patients who are homebound, and this is recommended on a part-time basis up to 35 hours per week. The medical records are very limited in explaining if or why the patient is felt to be homebound and explaining what type of assistance the patient may require. The guidelines have not been met to support an indication for home health. This request is not medically necessary.

Dexilant 60mg, quantity unspecified: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms, page 68, states the clinician should determine if the patient is at risk for gastrointestinal events. A prior physician review notes that there is limited documentation regarding the need for this medication. However, a handwritten note, albeit difficult to read and in handwritten form, discusses an upper GI study which demonstrated erosion for which reason Dexilant has been requested. This request is supported by the treatment guidelines. This request is medically necessary.

Consultation with an internist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultation, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Consultation, page 127, states that the occupational health practitioner may refer to other specialists if the course of care might benefit from additional expertise. The treating physician has documented that this patient has an upper GI study showing erosions and has requested a gastrointestinal physician consultation of follow-up on this. This request is consistent with the treatment guidelines. This request is medically necessary.