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| Case Number: | CM14-0201938 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 08/09/2004 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Physical Medicine & Rehabilitation 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:

This 61 year-old patient sustained an injury on 5/2/2004. Request(s) under consideration include (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180. Diagnoses include L4-L5 spinal stenosis with neurogenic claudication; s/p spinal cord stimulator for occipital headaches; and exogenous obesity. Conservative care has included medications, therapy, spinal stimulator placement, lumbar epidural steroid injection, and modified activities/rest. Report of 9/18/14 from the provider noted the patient was having more difficulty performing ADLs; pain rated at 7/10 with and 8/10 without medications. Medications list Nortriptyline, Diclofenac, and Oxycodone/Acet. Exam showed the patient using cane for ambulation with limp, significant pain with transfers from sit to stand; with decreased lumbar range; paraspinous muscle tenderness and spasm. Treatment plan included DME/home accessibility evaluation and continued medications. Report of 11/6/14 from the provider noted chronic ongoing back pain radiating to bilateral thigh, calf, and foot pain. Exam showed unchanged findings of limited lumbar spine range with flex/ext of 45/0 degrees; normal hip and knee exam; hamstring tightness with sciatic nerve stretch test; decreased right L5 dermatome sensation; 5/5 motor strength in all muscle groups with symmetrical DTRs. Treatment plan included repeat CT with bilateral L4-5 transforaminal steroid injections prior to possible L4-5 laminectomy and partial facetectomy in the future. Appeal letter dated 11/12/14 noted denial for Oxycodone and OT home evaluation as the patient is having more difficulty with ADLs. The request(s) for (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180 were non-certified on 11/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Occupational Therapy Home Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy; Pain Chapter, Home Health Services Page(s): 98-99; 732.

Decision rationale: This 61 year-old patient sustained an injury on 5/2/2004. Request(s) under consideration include (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180. Diagnoses include L4-L5 spinal stenosis with neurogenic claudication; s/p spinal cord stimulator for occipital headaches; and exogenous obesity. Conservative care has included medications, therapy, spinal stimulator placement, lumbar epidural steroid injection, and modified activities/rest. Report of 9/18/14 from the provider noted the patient was having more difficulty performing ADLs; pain rated at 7/10 with and 8/10 without medications. Medications list Nortriptyline, Diclofenac, and Oxycodone/Acet. Exam showed the patient using cane for ambulation with limp, significant pain with transfers from sit to stand; with decreased lumbar range; paraspinous muscle tenderness and spasm. Treatment plan included DME/home accessibility evaluation and continued medications. Report of 11/6/14 from the provider noted chronic ongoing back pain radiating to bilateral thigh, calf, and foot pain. Exam showed unchanged findings of limited lumbar spine range with flex/ext of 45/0 degrees; normal hip and knee exam; hamstring tightness with sciatic nerve stretch test; decreased right L5 dermatome sensation; 5/5 motor strength in all muscle groups with symmetrical DTRs. Treatment plan included repeat CT with bilateral L4-5 transforaminal steroid injections prior to possible L4-5 laminectomy and partial facetectomy in the future. Appeal letter dated 11/12/14 noted denial for Oxycodone and OT home evaluation as the patient is having more difficulty with ADLs. The request(s) for (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180 were non-certified on 11/3/14. It is unclear if the patient has undergone any recent surgical procedure as there is no operative report provided for review. There is no post-operative complications identified resulting in the patient being homebound or any co-morbid medical history described in need of OT home health evaluation. Submitted reports have not adequately demonstrated the indication to support home health occupational therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support occupational home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. Reports submitted noted the patient is able to ambulate with use of cane and is not homebound. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for occupational home health. There is no specific deficient performance issue evident as the patient has no specific documented deficiency with the activities of daily living and remains independent with intact motor strength in all muscle groups. Reports have unchanged chronic symptoms without change in clinical condition or demonstrated progressive deterioration. The (1) Occupational Therapy Home Evaluation is not medically necessary.

(1) Prescription of Oxycodone/APAP 10/325mg #180: 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 Opioids Page(s): 74-96.

Decision rationale: This 61 year-old patient sustained an injury on 5/2/2004. Request(s) under consideration include (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180. Diagnoses include L4-L5 spinal stenosis with neurogenic claudication; s/p spinal cord stimulator for occipital headaches; and exogenous obesity. Conservative care has included medications, therapy, spinal stimulator placement, lumbar epidural steroid injection, and modified activities/rest. Report of 9/18/14 from the provider noted the patient was having more difficulty performing ADLs; pain rated at 7/10 with and 8/10 without medications. Medications list Nortriptyline, Diclofenac, and Oxycodone/Acet. Exam showed the patient using cane for ambulation with limp, significant pain with transfers from sit to stand; with decreased lumbar range; paraspinous muscle tenderness and spasm. Treatment plan included DME/home accessibility evaluation and continued medications. Report of 11/6/14 from the provider noted chronic ongoing back pain radiating to bilateral thigh, calf, and foot pain. Exam showed unchanged findings of limited lumbar spine range with flex/ext of 45/0 degrees; normal hip and knee exam; hamstring tightness with sciatic nerve stretch test; decreased right L5 dermatome sensation; 5/5 motor strength in all muscle groups with symmetrical DTRs. Treatment plan included repeat CT with bilateral L4-5 transforaminal steroid injections prior to possible L4-5 laminectomy and partial facetectomy in the future. Appeal letter dated 11/12/14 noted denial for Oxycodone and OT home evaluation as the patient is having more difficulty with ADLs. The request(s) for (1) Occupational Therapy Home Evaluation and (1) Prescription of Oxycodone/APAP 10/325mg #180 were non-certified on 11/3/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The (1) Prescription of Oxycodone/APAP 10/325mg #180 is not medically necessary.

