

<b>Case Number:</b>	CM14-0206554		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/09/2004
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 9, 2004. In a Utilization Review Report dated November 19, 2014, the claims administrator partially approved a request for Percocet (oxycodone-acetaminophen) while denying a request for home health care in unknown amounts and a November 10, 2014 progress note was referenced in its determination. The applicant's attorney subsequently appealed. In March 5, 2014 progress note, the applicant reported 6/10 pain with medications and 9/10 pain without medications. The applicant's medications included oral diclofenac, Pamelor, and Percocet. The applicant had failed a spinal cord stimulator, an occipital and peripheral nerve stimulator. The applicant was "disabled," it was suggested. Multiple medications were refilled including diclofenac, Pamelor and Percocet, without much discussion of medication efficacy. On May 1, 2014, the attending provider stated that the applicant reported 6/10 pain with medications versus 8/10 pain without medications. The attending provider contented that this was not enough to facilitate the applicant's return to work. The applicant was again described as disabled. The applicant was described as having difficulty performing sleeping, activities of self-care and personal hygiene, and socializing owing to his ongoing pain complaints. Percocet, Pamelor, and diclofenac were again refilled. On September 18, 2014, the attending provider stated that the applicant was having difficulty performing activities of daily living such as bending, twisting, getting into a tub, performing self-care and personal hygiene, etc. The attending provider stated that the applicant needed modification of tools around the house to help him perform activities of daily living as basic as self-care and personal hygiene. Diclofenac, Pamelor, and Percocet were again refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Acetaminophen 10/325 #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant has been described as disabled, receiving both [REDACTED] benefits and [REDACTED] benefits; the attending provider has suggested on several occasions throughout the course of the file. The fact that the applicant is having difficulty performing activities of daily living as basic as self-care, personal hygiene, bathing himself, etc., likewise does not made a compelling case of continuation of opioid therapy and, coupled with the applicant's failure to return to work, outweighs any low-grade reduction of pain scores which the attending provider suggested had been achieved as a result of ongoing medication consumption. Therefore, the request is not medically necessary.

**Unknown home health care, 2 hours per day, 7 days per week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7- Home Health Services; sections 50.2 (Home Health Aide Services)

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound or bedbound. Here, there is no clear or compelling evidence that the applicant is in fact homebound. Furthermore, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that activities of daily living such as personal hygiene, bathing, cooking, cleaning, i.e., the services being sought here, do not constitute medical treatment. Therefore, the request is not medically necessary.