

Case Number:	CM14-0208443		
Date Assigned:	12/22/2014	Date of Injury:	06/06/2002
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

73y/o male injured worker with a date of injury of 6/6/02 and related pain to right knee and low back. Per progress report dated 11/13/14, Injured worker was diagnosed with chronic low back pain, bilateral lower extremity weakness and pain, severe spinal stenosis at L3-L4 and L4-L5, chronic right knee pain post total knee replacement, chronic neck pain, severe multilevel degenerative disease, scoliosis convexing to the right, severe central stenosis at L4-L5, grade 1 spondylolisthesis and bilateral foraminal narrowing. Treatment to date has included knee replacement surgery, physical therapy, acupuncture and medication management. The UR decision is dated 12/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x 7 days a week for 24 hours a day: Upheld

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

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

Decision rationale: Aforementioned citation notes that Home Health Care services are recommended on an intermittent basis, generally not more than 35 hours per week. The PTP, has noted the IW requires 24/7 home care, which is beyond the scope of guideline recommendations, therefore medical necessity cannot be affirmed.

Tylenol No.4 #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation supports the use of this medication at this time, however the request for 2 refills is not necessary if monthly assessment is performed (which is supported by guidelines). Therefore medical necessity for 2 refills cannot be affirmed. It should be noted that the UR physician authorized one months' worth of medication.