

<b>Case Number:</b>	CM14-0209278		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/12/1995
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 individual is a 52 y/o male who has developed a post laminectomy syndrome subsequent to a slip and fall 6/12/95. He had surgery for a L5-S1 disc and has developed progressive neurological dysfunction. He has lower extremity spasticity/contractures and has a neurogenic bladder. In addition he is developing upper extremity dysfunction. Urological evaluation has opined that the neurogenic bladder is due to a central nervous system disorder and not a low back injury. Visual Evoked Potentials are consistent with a central nervous system disorder such as a demyelination syndrome (MS) or a genetic disorder which causes progressive deterioration. In the records reviewed there is no documentation regarding final conclusions regarding what is considered AOE/COE. The primary treating physician is a pain medicine specialist who has recently switched this individual from Oxycontin to Opana. It is not clear why a Neurologist or Physiatrist does not provide the primary care with expertise in central nervous system deterioration. The treating physician has requested a consult from a tertiary spinal injury center. UR modified the request for home health care assistance to approval of a home health evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Hour home care assistance:** 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 Services. Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services. Other Medical Treatment Guideline or Medical Evidence: [www.medicare.gov-pubs-pdf-10959.pdf](http://www.medicare.gov-pubs-pdf-10959.pdf).

**Decision rationale:** MTUS Guidelines recommends the use of Home Health Services under specific circumstances where the patient is home bound and needs the professional expertise of a licensed practitioner. The Guidelines state that the assistance with ADL's such as bathing is not considered medical care. Under these circumstances ODG Guidelines also point out that it is usual and customary to have a Home Health Agency/RN expert assess the situation and make recommendations consistent with standards that apply to this type of assistance. In addition, there has been a recent request for a spinal rehabilitation consultation and these recommendations have not been forthcoming. It is clear that this individual needs intensive care and support, but the request for 24-hour care assistance is not matured or supported enough to meet Guideline standards, the request for 24 hour care is not medically necessary at this time.

**Opana Extended Release 40mg, qty:60 tablets:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines allow for at least a trial rotation of opioids if a prior opioid was inadequately effective. The recent switch to Opana ER meets these criteria. In addition, the use of function to measure effectiveness would not apply to this unique situation, which Guidelines also acknowledge. Under these circumstances, the Opana ER 40mg #60 is medically necessary.

**Home physical therapy, to unknown body part, with unknown duration or frequency:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

**Decision rationale:** In home physical therapy is considered a Home Health Service. MTUS Guidelines do not address provide adequate details regarding this open ended request for home physical therapy. ODG Guidelines address this situation with the recommendation that a home

based evaluation be completed by the appropriate medical professional to develop a treatment plan consistent with established standards of care. Home Health Agencies have physical therapists on staff that performs these evaluations. Without the appropriate evaluation and recommendations to review, the open-ended request for home physical therapy is not medically necessary.