MAXIMUS Federal Services

Case Number:	CM14-0210241		
Date Assigned:	12/23/2014	Date of Injury:	07/12/2014
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	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. The expert reviewer is Board Certified in Internal 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 injured worker (IW) is a 35-year-old man with a date of injury of July 12, 2014. The mechanism of injury occurred when the IW fell from a ladder onto a concrete driveway. The injured worker's working diagnoses are facial contusion with pain to the left upper and lower dentures; post traumatic cephalgia; contusion/sprain, cervical spine; contusion/sprain, lumbar spine; contusion/sprain, left wrist; fracture, left patella, status post ORIF with persistent pain, weakness secondary to effusion. Pursuant to the progress note dated November 24, 2014, the IW underwent knee surgery on August 7, 2014 with pin. The IW continues to complain of weakness and numbness of the left knee, more than 3 months post-surgery. The IW continues to use crutches for ambulation. Treatments have included physical therapy, chiropractic treatments, medications, and use of interferential unit at home, which provided relief of symptoms, however, he feels like his condition has remained the same at this time. The injured worker's wife helps him wash and dress and with appointments. Examination of the left knee reveals tenderness to palpation, patellar tracking and retropatellar crepitus. Range of motion reveals flexion of 90 degrees, and extension of 0 degrees. Special tests were not performed. Medications as of October 2014 were documented as Cipro and Flexeril. The treating physician is recommending Naprosyn 500mg, Omeprazole 20mg, and Gabapentin 300mg. Documentation in the medical record indicates the IW was taking Motrin in August of 2014. There was no evidence of objective functional improvement associated with the ongoing used of anti-inflammatory medications. The current request is for home health care to be performed by wife 4 hrs/day, 7 days/wk; Naproxen Sodium DS 550mg #60;and Ranitidine 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care to be performed by wife 4hrs/day 7 days/week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Care Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Care Services.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, home healthcare to be performed by wife four hours a day seven days a week are not medically necessary. Home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning and laundry and personal care given by home health aides like bathing, dressing. Home health skilled nursing is recommended for wound care or IV antibiotic administration. In this case, the injured worker's diagnoses are facial contusion with pain to left upper and lower dentures; post-traumatic cephalic to; contusion/strain cervical spine; contusion/sprain lumbar spine contusion/sprain left wrist; fracture patella, status post open reduction internal fixation; and anxiety. The injured worker was on crutches/non-weight bearing status. The wife helps them wash and dress and with appointments area the injured worker is receiving outpatient physical therapy three times a week times six weeks for a total of 18 visits. The entered worker received chiropractic treatment one time per week for four weeks. The medical record does not contain evidence the injured worker is home-bound or receiving any skilled nursing services. Consequently, the absence of skilled nursing services and the injured worker home-bound, home healthcare services performed by the wife four hours a day seven days a week are not medically necessary.

Ranitidine 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects. Other Medical Treatment Guideline or Medical Evidence: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html.

Decision rationale: Pursuant to the Medline Plus, Ranitidine 150 mg #60 is not medically necessary. Ranitidine is an H2 receptor blocker. Ranitidine is used to treat ulcers, gastroesophageal reflux disease, conditions that produce too much acid such as Zollinger-Ellison syndrome. For additional details see the attached link. In this case, the injured worker's diagnoses are facial contusion with pain to left upper and lower dentures; post-traumatic cephalic to; contusion/strain cervical spine; contusion/sprain lumbar spine contusion/sprain left wrist;

fracture patella, status post open reduction internal fixation; and anxiety. A progress note dated November 24, 2014 indicates the treating physician initiated omeprazole (along with Naprosyn). There was no documentation of ranitidine in the medical record. Consequently, absent documentation or ranitidine along with documentation of Omeprazole (proton pump inhibitor), Ranitidine 150 mg #60 is not medically necessary.

Naproxen Sodium DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAlDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. See the Official Disability Guidelines for details. In this case, the injured worker's diagnoses are facial contusion with pain to left upper and lower dentures; post-traumatic cephalic to; contusion/strain cervical spine; contusion/sprain lumbar spine contusion/sprain left wrist; fracture patella, status post open reduction internal fixation; and anxiety. The documentation indicates the injured worker was taking Motrin (ibuprofen) and Norco in a progress note dated August 7, 2014. A progress note dated October 20, 2014 shows the patient is taking Cipro and Flexeril. A progress note dated November 24, 2014 indicates the treating physician initiated Naprosyn 500 mg every 12 hours. There was no documentation of Naproxen sodium 550 mg #60. Consequently, absent clinical documentation of ongoing use of Naproxen along with a clinical indication/rationale for its use, Naproxen sodium 550 mg #60 is not medically necessary.