MAXIMUS Federal Services

Case Number:	CM14-0032580		
Date Assigned:	06/20/2014	Date of Injury:	08/25/2011
Decision Date:	04/22/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 60-year-old female patient, who sustained an industrial injury on 8/25/11. The current diagnoses include chronic myofascial pain syndrome, lumbar radiculitis, sciatica, cervicobrachial syndrome and gait instability. Per a progress note dated February 18, 2014, she had neck and back pain. Physical examination revealed trigger points palpated across the quadratus lumborum region, upper and lower trapezius region, and sternocleidomastoid area bilaterally, pitting edema throughout the lower extremities, tenderness to palpation in the pes anserine bursa, decreased range of motion in the lumbar spine, positive SI joint compression test bilaterally, positive slump test bilaterally and gait antalgic on the right. Per the note dated 1/20/15, she was quite stable and taking prozac and ativan. Per the doctor's note dated 1/7/2015, she has complaints of neck and back pain. Physical examination revealed moderate distress, trigger points palpated across the quadrates lumborum region, upper and lower trapezius region, and sternocleidomastoid area bilaterally and tenderness to palpation in the pes anserine bursa, limited range of motion of the cervical and lumbar spine due to pain in all planes. The medications list includes lorazepam, prozac, dilaudid, lasix, simvastatin, amitiza, tessalon, albuterol inhaler and tizanidine. Treatment to date has included home exercises; functional restoration program; physical therapy; acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 7 days per week: 6-8 hrs daily x one (1) year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 11-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): (s) 51.

Decision rationale: Per the cited guidelines below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and using the bathroom when this is the only care needed." Any evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The medical necessity of Home health care 7 days per week: 6-8 hrs daily x one (1) year is not fully established in this patient. Therefore the request is not medically necessary.

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Dilaudid contains hydromorphone which is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs" The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and

side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Dilaudid 4mg #120 is not established for this patient. Therefore the request is not medically necessary.