

Case Number:	CM15-0008048		
Date Assigned:	01/26/2015	Date of Injury:	04/22/2002
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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, Ohio, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 22, 2002. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve request for home health care, Norco, and Colace while partially approving a request for Lunesta. Zantac and naproxen were approved outright. The claims administrator referenced a December 8, 2014 progress note. The claims administrator noted that the applicant was status post earlier cervical fusion surgery. The applicant's attorney subsequently appealed. In a February 10, 2015 RFA form, request for Norco, naproxen, Zantac, Colace, Lunesta, and home health care were reiterated. In a January 12, 2015 progress note, the applicant reported persistent complaints of neck pain, exacerbated by twisting motions. The applicant was status post earlier cervical fusion surgery. The attending provider stated that the applicant needed home health care assistance to perform activities of daily living such as vacuuming, household chores, retrieving articles lying on the floor, doing dishes, shampooing his hair, cooking, and assistance with shopping. Multiple medications were dispensed. The applicant was given diagnosis of failed cervical spine surgery and asked to re-consult a spine surgeon. No discussion of medication efficacy transpired on this date. On December 8, 2014, the attending provider reiterated his request for home health care to help the applicant perform activities of house cleaning, vacuuming, cleaning dishes, putting things away, grooming, shaving, and shopping. The applicant did not appear to be working. Norco, Zantac, and Lunesta were apparently renewed. The attending provider stated that the applicant's ability to perform activities of daily living was limited at best.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home health care: 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), Pain (Chronic), Home Health Services

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

Decision rationale: No, the request for home health care was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver other recommended medical treatment to applicants who are homebound. Medical treatment does not, however, include assistance with activities of daily living, performance of household chores, vacuuming, cooking, cleaning, laundry, i.e., the services being sought here. Therefore, the request was not medically necessary.

1 prescription of Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was/is off of work, it was suggested on several progress notes, referenced above. The applicant was having difficulty performing basic activities of daily living such as cooking, cleaning, household chores, etc., despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

1 prescription of Colace 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: The request for Colace, a stool softener, conversely, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants receiving opioids. Here, the applicant was/is concurrently using Norco, an opioid agent. Prophylactic provision of Colace, a stool softener/laxative, thus, was indicated in the face of the applicant's continuing to use opioids. Therefore, the request was medically necessary.

1 prescription of Lunesta: 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), Pain (Chronic), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic

Decision rationale: Finally, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. ODG's Mental Illness and Stress Chapter, however, notes that eszopiclone (Lunesta) is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the attending provider furnished the applicant with multiple prescriptions of Lunesta at various points in late 2014 and early 2015. Such usage of Lunesta, however, runs counter to the philosophy espoused by ODG. Therefore, the request was not medically necessary.