

Case Number:	CM15-0144077		
Date Assigned:	08/05/2015	Date of Injury:	09/22/2003
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 72 year old female, who sustained an industrial injury on September 22, 2003. The injured worker was diagnosed as having lumbosacral neuritis-radiculitis and cervical spine radiculitis. Treatments and evaluations to date have included medication. Currently, the injured worker reports neck pain, back pain, and increasing weakness of both hands. The Primary Treating Physician's report dated June 30, 2015, noted the injured worker unable to ambulate without a walker, with a slight limp favoring the right lower extremity. The cervical spine was noted to have less than 50% of normal range of motion (ROM), with tenderness of the cervical paravertebral muscles and trapezius, tight more than left, and in coordination of the right hand with weakness of the right grip. The upper extremities were noted to have generalized weakness with weakness of the right hip flexor, and sitting root test positive bilaterally. The treatment plan was noted to include blood work as the injured worker had been taking her medications a long time, with a feeling of improvement in pain although not completely alleviated. The injured worker was noted to require use of Lidoderm patches, with prescriptions given for Norco, Lyrica, and Cyclobenzaprine, with urine drug screen (UDS) administered. The injured worker reported being unable to perform chores, with a request for a home aide at least 5 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home aide 5 days a week for 4 hours a day for 3 months: 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): 51.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Home aide 5 days a week for 4 hours a day for 3 months. The treating physician states in the report dated 6/30/15, "Also, the patient is unable to perform chores. Therefore, at least 5 days a week, 4 hours per day, she needs home aid." (16B) The MTUS Guidelines state, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week." In this case, the treating physician has requested that the aide be able to perform household chores, which the MTUS guidelines do not support. The current request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Norco 10/325mg #90. The treating physician states in the report dated 6/30/15, "Medication in the form of Norco, Lyrica, and cyclobenzaprine was prescribed for the patient. She took Norco last this morning." (16B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has somewhat of a decrease of pain with this medication but documented that the patient is clearly not able to perform ADLs. The treating physician also did not document if the patient has had any side effects or if the patient has had any aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Cyclobenzaprine 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Cyclobenzaprine 10mg #90 with 2 refills. The treating physician states in the report dated 6/30.15, "Medication in the form of Norco, Lyrica, and cyclobenzaprine was prescribed for the patient." (16B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has been prescribing this medication to the patient since at least 4/8/15 and prescribed an amount which exceeds the recommended guideline of short-term therapy (3 weeks). The current request is not medically necessary.