

Case Number:	CM15-0148062		
Date Assigned:	08/11/2015	Date of Injury:	03/26/1997
Decision Date:	09/29/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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, New York, 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, low back, hand, wrist, and finger pain reportedly associated with an industrial injury of March 26, 1997. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for a home health aide and oral Voltaren. The applicant's attorney subsequently appealed. In a June 3, 2015 progress note, the applicant reported ongoing complaints of neck, low back, shoulder, hand, and finger pain. The applicant was status post a spinal cord stimulator implantation, it was reported. The applicant's medication list included Cymbalta, Voltaren, Wellbutrin, and Neurontin, it was reported. The applicant had undergone earlier shoulder surgery, a carpal tunnel release surgery, earlier thumb arthroplasty surgery, and earlier cervical spine surgery, it was reported. A topical compound, a spinal cord stimulator, a home health aide to perform heavy household duties, Nucynta and Voltaren were endorsed while the applicant's permanent work restrictions were renewed. It was acknowledged, however, that the applicant was not, in fact, working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: No, the request for a home health aide 4 hours a week 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 otherwise recommended medical treatment to applicants who are homebound. Here, however, there was no mention of the applicant's being homebound or bedbound on or around the date in question, June 3, 2015. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that homemaker services such as cooking, cleaning, and the household chores being sought here do not constitute medical treatment when sought as stand-alone services. Here, thus, the assistance with household chores being sought by the attending provider did not constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Voltaren 75mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: The request for oral Voltaren, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, ongoing usage of Voltaren failed to eliminate the need for opioid agents such as Nucynta, it was acknowledged on June 3, 2015. Permanent work restrictions were renewed, unchanged from previous visits, on that date. The applicant was not working with said limitation in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.