

<b>Case Number:</b>	CM15-0149065		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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] beneficiary who has filed a claim for chronic pain syndrome, thoracic myelopathy, bilateral lower extremity paraplegia and a neurogenic bladder reportedly associated with an industrial injury of November 17, 2009. In a Utilization Review report dated July 22, 2015, the claims administrator approved Viagra, denied an occupational home care consultation evaluation, approved a home physical therapy assessment, partially approved Norco, approved baclofen, and approved hydrochlorothiazide. The claims administrator referenced an RFA form received on July 17, 2015 and an associated progress note of July 14, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 17, 2015, Viagra, an electric wheel chair, occupational therapy, a home care consultant evaluation, a home physical therapy assessment, Norco, baclofen, hydrochlorothiazide, and acupuncture were endorsed. In an associated progress note of July 14, 2015, the applicant was described as having developed a foot abscess and/or lower extremity osteomyelitis. The applicant was receiving wound care and IV antibiotic infusion with the aid of his daughter, it was reported. Wound dehiscence at the site of the thoracic laminotomy was appreciated. A spine surgery consultation, continued usage of IV antibiotics, and continued in-home care were endorsed, along with a mattress, an electric wheelchair, Norco, baclofen, Viagra, Ambien, and hydrochlorothiazide. The applicant was deemed "permanently disabled," it was reported. No seeming discussion of medication efficacy transpired. It was suggested that the applicant could be a candidate for further spine surgery despite his issues with morbid obesity. In a hospital consultation dated June 25, 2015, the applicant was given diagnoses of osteomyelitis, paraplegia, and chronic foot wound with cellulitis. The applicant was asked to remain non-weightbearing and undergo a partial fifth ray resection to remove the resected bone. In a June 24,

2015 outpatient podiatry consultation, the applicant was given diagnoses of cellulitis, neuropathic ulcer, abscess, and bone infection. The applicant was asked to go to the Emergency Department to obtain incision and drainage of abscess and IV antibiotics with possible resection of infected bone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 occupational home care consultation evaluation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 40.

**Decision rationale:** Yes, the request for an occupational home care consultation evaluation was medically necessary, medically appropriate, and indicated here. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, normalization of use of affected body parts, assessment of ergonomics, and modifications at home and work are recommended as part and parcel for treatment for individuals with complex regional pain syndrome (CRPS). By analogy, a home care evaluation to determine what sort of home-related modifications were/are needed to facilitate the applicant's remaining active and/or determine what modifications and equipment were likewise indicated to ameliorate some of the applicant's impairment associated with thoracic myelopathy and paraplegia. The MTUS Guideline in ACOEM Chapter 5, page 92 also stipulates that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a pain management physician, was likely ill equipped to address issues with home modifications.

#### **Norco 10/325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Short-acting opioids Page(s): 91; 75.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are an effective method of controlling chronic pain. Page 91 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that Norco is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant had seemingly undergone surgery for osteomyelitis on or around June 25, 2015, i.e., on or around the two- to three-week mark of the date of the request, July 14, 2015. The applicant could, thus, reasonably or plausibly be expected to have pain complaints in the moderate-to-severe range on or around the date of the request, July 14, 2015. Continued usage of Norco was, thus, indicated in the postoperative pain context present here as of the date in question, July 14, 2015. The date in question was too soon removed from the date of surgery for any meaningful

discussion of functional improvement to transpire. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request as of the date in question, July 14, 2015. MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS during the postsurgical treatment period. Since pages 75 and 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, they were therefore invoked.