

<b>Case Number:</b>	CM15-0161374		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

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 54 year old male, who sustained an industrial injury on May 4, 2009. He reported neck and bilateral shoulders pain. The injured worker was diagnosed as having right shoulder sprain and strain with impingement syndrome and status post right shoulder arthroscopic surgery, left shoulder sprain and strain with subacromial impingement, cervical spine sprain and strain with herniated nucleus pulposus and symptoms of upper extremity radiculitis and radiculopathy, bilateral wrist sprain and strain with carpal tunnel syndrome, right knee sprain and strain, symptoms of anxiety and depression, and insomnia unspecified. Diagnostic studies to date have included: On June 8, 2010, a MRI of the cervical spine revealed no significant spinal canal narrowing. There was moderate degenerative disc disease with small broad-based posterior disc protrusion that effaces the cord at C3-4 (cervical 3-4) and cervical 6-7 (cervical 6-7). The disc protrusions and bilateral uncovertebral arthrosis produced bilateral neural foraminal narrowing. There was mild degenerative disc disease with small broad-based posterior disc protrusion that effaces the cord at cervical 4-5 (cervical 4-5). There was mild degenerative disc disease at C2-3 (cervical 2-3). On June 9, 2010, a MRI of the left shoulder revealed acromioclavicular osteoarthritis impinging on the supraspinatus and subacromial and subdeltoid bursitis. June 14, 2010, a MRI of the right shoulder revealed a partial thickness bursal sided tear of the anterior supraspinatus tendon at its attachment, supraspinatus and infraspinatus tendinosis, acromioclavicular osteoarthritis, and subacromial and subdeltoid bursitis. Surgeries to date have included a right shoulder arthroscopy, debridement of the glenoid labrum with subacromial decompression and bursectomy, anterior inferior acromionectomy and excision

of coracoacromial ligament, and distal claviclectomy in 2010. On February 10, 2015 and April 21, 2015, urine toxicology screen results show that no drugs were detected. Treatment to date has included physical therapy, psychotherapy, work modifications, temporary total disability, cervical epidural steroid injection, cold pack, bilateral shoulders steroid injections, a home exercise program, and medications including opioid analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, high cholesterol, obsessive compulsive disorder, and depression. On July 14, 2015, the injured worker reported continued pain of the cervical spine and bilateral shoulders, left greater than right. He reported right elbow pain due to favoring the left shoulder and increased carpal tunnel syndrome, right greater than left. He reported difficulty sleeping and symptoms of anxiety and depression. Lifting, cold temperature, and prolonged and sustained postures aggravated her pain. He relied on rest, activity modification, and medications for pain symptomatic relief. The physical exam revealed decreased mobility of the cervical spine with tenderness to palpation along the paraspinal musculature, and a positive foraminal compression test. There was restricted mobility of the shoulders with a positive impingement test, tenderness over the humerus tuberosity, and positive subacromial impingement. Work status: The injured worker was previously declared permanent and stationary. The treatment plan includes refilling of Norco and home health care 6 hours per day, 7 days per week for 6 weeks.

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

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

**Home health care 6 hours per day, 7 days per week for 6 weeks, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The patient presents with pain in the cervical spine and bilateral shoulders, left greater than right. He also complains of bilateral hands and wrists. Complaining of right elbow pain as he is favoring his left shoulder. His carpal tunnel syndrome has increased as well and is worse on the right. The request is for Home health care 6 hours per day, 7 days per week for 6 weeks, QTY: 1. The request for authorization is dated 07/31/15. Physical examination of the cervical spine reveals tightness and spasm in the trapezius, sternocleidomastoid, and straps muscles right and left. Foraminal Compression test is positive. Spurling's test is positive. Exam of both shoulders reveal restricted mobility. There is positive impingement test. There is tenderness noted over greater tuberosity of the humerus. Positive subacromial impingement. Exam of bilateral wrists reveal tenderness at the distal radioulnar joint bilaterally. There is abnormal two point discrimination greater than 8 mm at the median nerve bilaterally. Tinel's and Phalen's signs are markedly positive bilaterally. Patient's medications include Motrin, Norco, and Topical Creams. Per progress report dated 08/25/15, the patient is permanent and stationary. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or

intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 08/25/15, treater's reason for the request is "to assist patient with activities of daily living. Some of the assistance the patient will need include the following: Cooking, cleaning, showering/bathing, grocery shopping, traveling, etc." In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the request for home health care would not be indicated. Also, MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. MTUS recommends up to 35 hours per week for home service. However, the guidelines specifically states medical treatment does not include homemaker services like "cleaning." Therefore, the request is not medically necessary.

**Norco 10/325mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain in the cervical spine and bilateral shoulders, left greater than right. He also complains of bilateral hands and wrists. Complaining of right elbow pain as he is favoring his left shoulder. His carpal tunnel syndrome has increased as well and is worse on the right. The request is for Norco 10/325mg, QTY: 120. The request for authorization is dated 07/14/15. Physical examination of the cervical spine reveals tightness and spasm in the trapezius, sternocleidomastoid, and straps muscles right and left. Foraminal Compression test is positive. Spurling's test is positive. Exam of both shoulders reveal restricted mobility. There is positive impingement test. There is tenderness noted over greater tuberosity of the humerus. Positive subacromial impingement. Exam of bilateral wrists reveal tenderness at the distal radioulnar joint bilaterally. There is abnormal two point discrimination greater than 8 mm at the median nerve bilaterally. Tinel's and Phalen's signs are markedly positive bilaterally. Patient's medications include Motrin, Norco, and Topical Creams. Per progress report dated 08/25/15, the patient is permanent and stationary. MTUS, criteria for use of opioids Section, pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality

should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 08/25/15, treater's reason for the request is "for moderate pain." Patient has been prescribed Norco since at least 09/09/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects or aberrant drug behavior. A UDS dated 04/21/15, but no CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.