

Case Number:	CM15-0164939		
Date Assigned:	09/02/2015	Date of Injury:	09/03/2002
Decision Date:	10/27/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on September 3, 2002. She reported neck pain, bilateral upper extremity pain, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy, right hip pain, right shoulder pain, anxiety, status post right shoulder surgery with residuals; treatments per future medical provisions. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and activity restrictions. Currently, the injured worker continues to report low back pain radiating to bilateral lower extremities and into bilateral feet and toes accompanied by numbness and tingling, neck spasms and neck pain radiating down bilateral upper extremities and into the right wrist accompanied by tingling and numbness in the right upper extremity. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 10, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst with the use of medications and 10 on a 1-10 scale without the use of medications. It was noted the Prozac helped the depression however it was not elaborated upon. The home exercise plan and medications including Fentanyl, Omeprazole, Norco and Fluoxetine were continued. Evaluation on July 8, 2015, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst with the use of medications and 10 on a 1-10 scale with 10 being the worst without the use of medications. It was noted the pain interfered with self-care and hygiene, activity, ambulation, hand function, sleep and sex. The physician noted she appeared to be in moderate distress and ambulated with a slow gait. Magnetic resonance imaging (MRI) of the lumbar spine

on May 9, 2014, reportedly revealed abnormalities. Evaluation on August 5, 2015, revealed continued pain as noted. She rated her pain at 7-8 with the use of medications and 10 on a 1-10 scale with 10 being the worst without the use of medications. She reported the pain had worsened since the last visit. Fentanyl dis 12 mcg/hr #10, Fluoxetine cap 60mg #30, Home assistance four to 5 hours per day, three to four times per week, Norco 10-325mg #90 and Omeprazole cap 20mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance four to 5 hours per day, three to four times per week: Upheld

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

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

Decision rationale: CA MTUS guidelines state Home health services is recommend 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The Medical records do not substantiate that the injured worker is homebound or has any skilled needs. Review of the submitted medical records of the injured worker do not meet the guidelines as cited, therefore, the requested Treatment: Home assistance four to 5 hours per day, three to four times per week is not medically necessary.

Norco 10-325mg #90: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines, Norco is a short-acting opioid analgesic recommended for controlling chronic pain after first line oral analgesics have failed. The CA MTUS recommended prescribing opioids at the lowest dose possible to achieve a therapeutic response for the shortest duration possible. For ongoing management, the four A's including analgesia (pain relief), activities of daily living (psychosocial functioning), adverse effects (side effects) and aberrant drug behaviors (addiction-related outcomes) should be well documented and regularly assessed. In this case, NSAIDs, a first line oral therapy, were not noted as failed. In addition, the opioid was prescribed for months with no change in the intensity of pain or level of functioning from one visit to the next. Furthermore, the amount of the prescribed medication indicated the intention for long term use. For these reasons, the request for Norco 10-325mg #90 is not medically necessary.

Omeprazole cap 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California (CA) MTUS guidelines, Omeprazole, a proton pump inhibitor is recommended for individuals taking NSAIDs who are at high risk for gastrointestinal (GI) events such as bleeding or perforation and who are concurrently taking anticoagulants or anti-platelet therapy. In this case, there is no indication of adverse gastrointestinal events. Furthermore, there was no diagnosis of dyspepsia secondary to NSAID use, and no indication of increased risk factors for GI events. The Requested Treatment: Omeprazole cap 20mg #30 is not medically necessary.

Fentanyl dis 12 mcg/hr #10: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines, Duragesic patch (Fentanyl) is a potent opioid slowly released through the skin and is not recommended as a first line therapy. The FDA approved the use of Fentanyl for management of chronic pain in individuals requiring continuous opioid analgesia for the management of chronic pain that cannot be managed by other means. In this case, the injured worker is prescribed oral opioids as well as duragesic patches. Despite the high doses of opioids the individual continues to experience severe pain. There is no indication the Duragesic patch is providing effective pain management. In addition, the level of functioning was not significantly improved during the time Duragesic was prescribed. The Requested Treatment: Fentanyl dis 12 mcg/hr #10 is not medically necessary.

Fluoxetine cap 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, fluoxetine (Prozac).

Decision rationale: The California (CA) MTUS guidelines are silent on the issue. According to the Official Disability Guidelines (ODG), Prozac is a first-line treatment option for major depressive disorder. The selective serotonin reuptake inhibitor (SSRI) is also a first-line therapy for post-traumatic stress disorder. In this case, the injured worker is taking Prozac for depression. Records indicate injured worker is reporting benefit including improvement in mood. The requested treatment: Fluoxetine cap 60mg #30 is medically necessary.

