

Case Number:	CM15-0186442		
Date Assigned:	09/28/2015	Date of Injury:	06/24/1991
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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 female individual who sustained an industrial injury on 6-24-91. Medical records indicate that the injured worker is being treated for cervical radiculitis; lumbar radiculitis; status post lumbar fusion; headaches, migraine; anxiety; depression; dyspepsia, medication related; chronic nausea, migraine- seizures (worse since 9-12). Currently (8-14-15) she complains of neck pain radiating down bilateral upper extremities, aggravated by activity and walking; constant low back pain radiating down bilateral lower extremities with numbness, tingling and weakness; daily migraine headaches. Her pain level was 8.5 out of 10 with medication and 9-10 out of 10 with medications. She experiences limitations with activities of daily living in the areas of self-care and hygiene, ambulation, hand function, sleep, sex. She fell on 7-21-15 and had left facial swelling, confusion and dizziness. She is very limited in her ambulatory ability and uses an electric wheelchair. On physical exam she was observed to have an unsteady gait and was unable to stand-step short distances without significant support. The cervical spine revealed tenderness at C4-7 with bilateral occipital tenderness on palpation; in the lumbar spine there was muscle spasms bilaterally and tenderness on palpation at L3-5 levels, decreased sensation along L3-5, L4-S1 dermatome in bilateral lower extremities, decreased strength in bilateral lower extremity dermatomal level S1. The medical records from 2-27-15 to 8-14-15 indicated that the subjective symptoms, pain level, activities of daily living were unchanged. The injured worker has had home care since 3-22-15 and Ensure and hydroxazine since 2-27-15. Diagnostics include computed tomography of the lumbar spine (2-19-13) showing post-operative changes, anterolisthesis, degenerative discogenic changes; MRI of the lumbar

spine (2-2-99, 4-6-00, 4-23-01, 1-30-02) with abnormalities; electromyography-nerve conduction study (2-23-99, 3-29-01) normal; MRI of the brain (4-23-01). She has been using a spinal cord stimulator daily for 9 years; medications: Ultram offers 70% improvement, omeprazole, Colace, Ensure High Protein Liquid, Dulcolax, ibuprofen, hydroxyzine, trazodone, Tylenol with Codeine #4; she has tried and failed with Ambien, carisoprodol, Celebrex, Colace, Desyrel, Dilaudid, Elavil, Flector patch, Flexeril, Glucosamine chondroitin. The request for authorization was not present. On 8-24-15 Utilization review non-certified the requests for continued home care assistance 5 hours per day, 7 days a week; Ensure High Protein Liquid #30; hydroxyzine 25mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home care assistance 5 hours per day, 7 days per week: 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 affecting the neck with radiation down the bilateral upper extremities and low back with radiation down the bilateral lower extremities. The current request is for continued home care assistance 5 hours per day, 7 days per week. The requesting treating physician report dated 8/14/15 (37B) provides no rationale for the current request. The MTUS guidelines state "Home health services: 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. 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. In this case, while a home health aide may be medically necessary, the physician does not specify what medical services are to be performed by the home health aide, and why the patient is unable to perform them herself. Furthermore, without clear documentation of the specific medical services to be performed it is unclear if the current request satisfies the MTUS guidelines as outlined on page 51. Additionally, the total amount of days to receive the above-mentioned service is not specified in the current request. The current request is not medically necessary.

Ensure high protein liquid #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Medical Food.

Decision rationale: The patient presents with pain affecting the neck with radiation down the bilateral upper extremities and low back with radiation down the bilateral lower extremities. The current request is for Ensure high protein liquid #30. The requesting treating physician report dated 8/14/15 (37B) provides no rationale for the current request. The MTUS guidelines do not address the current request. Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. In this case, Ensure does not meet the ODG criteria for medical food. Furthermore, there are no guidelines regarding this product nor are there any indications of its treatment for chronic pain conditions. The current request is not medically necessary.

Hydroxyzine 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Sedating Antihistamines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Hydroxyzine.

Decision rationale: The patient presents with pain affecting the neck with radiation down the bilateral upper extremities and low back with radiation down the bilateral lower extremities. The current request is for Hydroxyzine 25mg #90. The requesting treating physician report dated 8/14/15 (39B) notes that the current request for Hydroxyzine is to treat itching. The MTUS guidelines do not address the current request. When reading ODG guidelines, this medication is discussed in the context of opiate weaning, treatment of insomnia and for anxiety in chronic pain. In this case, the treating physician is prescribing the patient Hydroxyzine "three times daily as needed for itching", and the use of this medication for "itching" is not indicated in the guidelines. The current request is not medically necessary.