

<b>Case Number:</b>	CM15-0192443		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 57 year old female who sustained an industrial injury 08-12-06. A review of the medical records reveals: the injured worker is undergoing treatment for status post open and subsequent arthroscopic rotator cuff repair, right shoulder x 3; cervical spine sprain-strain and disk lesion; status post open rotator cuff repair left shoulder x 2; thoracic spine sprain and strain with disk lesion and radiculitis-radiculopathy; chronic pain syndrome; anxiety; depression; intermittent insomnia; and left elbow status post medial epicondylectomy with ulnar nerve transposition with residual loss of strength. Medical records (06-10-15) reveal the injured worker complains of neck, bilateral shoulder, arm, low back, and leg pain. She describes a "persistent increased pain with numbness and tingling also decreased grip strength at the right elbow and right hand" as well as "severe" anxiety and depression. The pain is not rated. The physical exam (06-30-15) reveals positive Tinel's at the medial epicondyle area revealing presence of cubital tunnel syndrome, as well a positive Tinel's at the wrist level for carpal tunnel syndrome with positive Phalen's test. Cervical spine range of motion is decreased, with tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle bilaterally. Prior treatment includes medications, multiple surgeries, psychological treatment, braces, splints, and physical therapy. The original Utilization Review (09-08-15) non-certified the request for 3 hours of home health per day 7 days per week for 6 weeks, continued psychological treatment, and modified the request for Percocet 10/325 #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 3 hours per day, 7 days a week for 6 weeks, outpatient:** 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 based on Non-MTUS Citation Medicare.gov <https://www.medicare.gov/coverage/home-health-services.html>.

**Decision rationale:** Per the cited CA MTUS, home health care is recommended only for otherwise recommended medical treatment for injured workers who are homebound, either part-time or "intermittent", for generally up to no more than 35 hours per week. The guidelines specify that "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." According to the treating provider notes through 06-30-15, the injured worker does not appear homebound and the need for medical home treatment is not well documented. An Agreed Medical Examiner report from 12-20-12 stated that the injured worker have home health services to administer medications twice per day, in addition to personal hygiene needs. If the injured worker is primarily in need of homemaker and personal services, which is the case for this injured worker, a home health aide is not medically necessary. Furthermore, any service that could be done safely by a non-medical person, without the supervision of a nurse, is not considered skilled nursing care. Therefore, based on the available medical records and cited guidelines, the request home health care 3 hours per day, 7 days a week for 6 weeks, is not medically necessary and appropriate.

**Continued psychological treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Psychological treatment. Decision based on Non-MTUS Citation ACOEM Ch 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS pg 503.

**Decision rationale:** Per the cited CA MTUS guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. Furthermore, psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. In the case of this injured worker, sparse treating provider notes provide limited documentation concerning her psychological treatments to date; however, the Agreed Medical Examiner report from 12-20-12 stated the injured workers continued need for

psychological treatment. It is further noted by the treating provider that she has had depression and anxiety that has impaired her normal lifestyle. Although recent psychological documentation is lacking, it is clear that the injured worker has had persistent need of services. Therefore, the request for continued psychological treatment is medically necessary and appropriate.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The cited CA MTUS recommends short acting opioids, such as Percocet (oxycodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes did not document pain with and without medication in visual analog scale, whether there were any significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines. Therefore, based on the available medical records and cited MTUS guidelines, the request for Percocet 10/325mg #120 is not medically necessary and appropriate.