

<b>Case Number:</b>	CM15-0193057		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/17/1999
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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:

This male sustained an injury on January 17, 1999. The injured worker continues undergoing treatment for chronic pain syndrome, Fibromyositis, brachial neuritis, Neuropathy, thoracic post laminectomy syndrome and lumbar laminectomy syndrome of the lumbar region. According to progress note of August 12, 2015 the injured worker's chief complaint was burning pain more on the left than the right of the upper back. The injured worker reported relief from pain from Botox injections. The upper back pain was more problematic when the injured worker lays down, which interferes with sleep at night. The physical exam noted the injured worker walker with a single point cane. The injured worker was having increased numbness in the fingers including the fourth and fifth digits in both hands with significant weakness in the upper extremities, which were associated with cervical issues. After 13 years the injured worker had developed an allergy to Celebrex. There was no physical exam documentation or physical limitations noted at this visit or at the July 21, 2015 visit. The injured worker previously received the following treatments Celebrex, Zorvolex, Voltaren gel, Ultram EX 300mg per day, Lyrica, Lidoderm Patches, Flector Patches, Diclofenac, Skelaxin, Tramadol 50mg 3 times daily, Zarvolex, home exercise program, physical therapy, Home Health assistance 9 hours per day on an ongoing basis. The RFA (request for authorization) dated the following treatments were requested Ultram ER 300mg, one home health referral for Home Health services for the month of August and September for 9 hours per day 7 days a week. The UR (utilization review board) denied certification on September 2, 2015 for the home health and modified prescription for Ultram ER 300mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram ER (extended release) 300 mg Qty 30: Upheld**

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

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

**Decision rationale:** Review indicates the request for Ultram was modified for #23. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1999 injury without acute flare, new injury, or progressive neurological deterioration. The Ultram ER (extended release) 300 mg Qty 30 is not medically necessary and appropriate.

### **Home health referral for home health services for month of August, 9 hours per day/ 7 days per week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Home health services; Medicare Benefits Manual, Chapter 7, Home health services (home health aide services).

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

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any

of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits and PT independently without noted person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological findings identified for home therapy as exam noted unremarkable neurological and psychological deficits. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health referral for home health services for month of September, 9 hours per day/ 7 days per week are not medically necessary and appropriate.

**Home health referral for home health services for month of September, 9 hours per day/ 7 days per week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Home health services; Medicare Benefits Manual, Chapter 7, Home health services (home health aide services).

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

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits and PT independently without noted person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological findings identified for home therapy as exam noted unremarkable neurological and psychological deficits. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health referral for home health services for month of September, 9 hours per day/ 7 days per week is not medically necessary and appropriate.