

Case Number:	CM15-0202065		
Date Assigned:	10/16/2015	Date of Injury:	09/23/1998
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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 67 year old female, who sustained an industrial injury on 9-23-1998. The medical records indicate that the injured worker is undergoing treatment for left adhesive capsulitis, left rotator cuff syndrome, status post left shoulder arthroscopy (9-17-2003), cubital tunnel syndrome, spinal stenosis of the lumbar region without neurogenic claudication, myalgia and myositis (unspecified), injury to ulnar nerve, left carpal tunnel syndrome, obesity, anxiety, and depression. Previous diagnostic studies include x-rays, CT scan, and MRI studies. Treatments to date include medication management, physical therapy, acupuncture, nerve block injections, lumbar epidural steroid injection, and surgical intervention. According to the progress report dated 10-5-2015, the injured worker presented with complaints of daily, constant "whole body pain". Since last exam, she reports the same ongoing chronic left shoulder pain and low back pain, with continued (left greater than right) bilateral lower extremity numbness, tingling, weakness, and pain extending into the foot. The pain is described as constant, sharp, dull, aching, throbbing, tender, burning, cramping, weakness, tiring, exhausting, and sickening. On a subjective pain scale, she rates her current pain 8 out of 10. The pain score is 5 out of 10 with medications and 10 out of 10 without. The treating physician states that the medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The physical examination of the cervical, thoracic, and lumbar spine reveals severe pain with movement in all directions. Examination of the left shoulder reveals tenderness over the acromioclavicular joint, positive impingement sign, subacromial bursitis, and painful and limited range of motion. The current medications are

Norco, Sumatriptan Succinate (since at least 8-31-2015), and Nortriptyline. Work status is described as permanent and stationary. The original utilization review (10-5-2015) had non-certified a request for Norco 10-325mg #60, Sumatriptan Succinate 50mg #8, and home assistance 24-7 care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 50mg #9: 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), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans, page 221.

Decision rationale: Sumatriptan Succinate (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated symptom complaints, clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. The Sumatriptan Succinate 50mg #9 is not medically necessary and appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: 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. It cites 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 specific 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. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #60 is not medically necessary and appropriate.

Home assistance 24/7 care including personal hygiene, shopping and preparing meals:
Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and 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: 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 as noted here. 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 independently without 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 deficits identified for home physical therapy or nursing management. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home assistance 24/7 care including personal hygiene, shopping and preparing meals is not medically necessary and appropriate.