

<b>Case Number:</b>	CM15-0033833		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of November 17, 2009. In a utilization review report dated February 18, 2015, the claims administrator approved a urologic consultation, denied a nurse case manager, partially approved a request for home health services, approved a hospital bed, approved an occupational therapy assessment, approved a catheter, partially approved Norco, approved baclofen, approved Viagra, denied Flomax, and approved a podiatry consultation. The claims administrator referenced a January 27, 2015 progress note and February 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a February 6, 2015 RFA form, nurse case manager, home health assistance, hospital bed, electric scooter, urologic consultation, Norco, Ambien, baclofen, Viagra, Flomax, podiatry consultation, and a pain management consultation were proposed. In an associated progress note of January 27, 2015, the applicant was described as having issues with thoracic myelopathy generating lower extremity paraplegia, a neurogenic bladder, and sexual dysfunction. Ancillary complaints of depression and a foot abscess were reported. Multiple medications were renewed. The applicant was described as 100% permanently and totally disabled. No discussion of medication efficacy transpired. It was stated that the applicant had issues with wound dehiscence both at the right foot and at the site of earlier thoracic spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nurse case manager:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, Colorado DWC, pg 89.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** 1. Yes, the proposed nurse case manager was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable treating and/or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a pain management physician, may be ill-equipped to address some of the medical and/or case management issues seemingly present here, including multifactorial medical complaints such as wound infections, wound abscesses, immobility, disability/debility with presumed associated financial issues, etc. Obtaining the added expertise of a case manager to address some of these issues may be beneficial. Therefore, the request was medically necessary.

**24 Hour Care, 7 days per week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 - Home Health Services; Section 50.2 (Home Health Aide Services).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** 2. Conversely, the request for 24-hour a day, 7-day per week home healthcare was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only on a part-time or intermittent basis, generally up to no more than 35 hours per week. Here, the request for 24 hours a day, 7 days per week worth of home health services, thus, runs counter to page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. No clear or compelling rationale for such a protracted frequency of treatment was furnished by the attending provider. The attending provider did not, furthermore, seemingly factor into account the possibility that the applicant's conditions could potentially improve, thus reducing the need for such frequent home health services. Therefore, the request was not medically necessary.

**Norco 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** 3. Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off work. The applicant was deemed 100% permanently totally disabled, the attending provider posited in his January 27, 2015 progress note. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Flomax 0.4 mg Qty 10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre for Acute & Chronic Conditions, and National Institute for Health & Clinical Excellence (NICE) page 34 (clinical guideline; no. 97).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS AND USAGE; FLOMAX is an alpha 1 adrenoceptor antagonist indicated for treatment of the signs and symptoms of benign prostatic hyperplasia (1).

**Decision rationale:** 4. Finally, the request for Flomax was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of Flomax, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, the attending provider did state that Flomax was being employed for difficulty voiding. The Food and Drug Administration does acknowledge that Flomax is indicated in the treatment of benign prostatic hypertrophy. Here, it was suggested that the applicant's difficulty voiding was either a function of BPH and/or a function of neurogenic bladder. Continuing the same, thus, was indicated. Therefore, the request was medically necessary.