

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0083412 |                              |            |
| <b>Date Assigned:</b> | 05/05/2015   | <b>Date of Injury:</b>       | 03/19/2007 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 04/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/30/2015 |

### 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  
 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 64 year old male, who sustained an industrial injury on 03/19/2007. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, injections, multiple cervical surgeries, and pain pump placement. Currently, the injured worker complains of severe exacerbation of neck and bilateral upper extremity pain despite a having a pain pump with fentanyl (200mcg continuous infusion) and oral hydrocodone for breakthrough pain. The diagnoses include history of multiple failed cervical spine surgeries, chronic cervicgia with bilateral cervical radiculitis, and acute flare-up. The request for authorization included home health aide 3-4 times per week, non-emergency transportation (encounter/trip), and Prilosec. A right lateral epicondylectomy and de Quervain's release was planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 3-4 times a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

**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 independently without person or equipment 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 deterioration in neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health aide 3-4 times a week is not medically necessary and appropriate.

**Non-emergency transportation; encounter/trip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg - Online Version, Transportation (to & from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Transportation, page 354.

**Decision rationale:** ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for the office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of ADL limitations or specific neurological deficits to support for transportation services. The Non-emergency transportation; encounter/trip is not medically necessary and appropriate.

**Prilosec 20mg on tablet twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg (on tablet twice daily) is not medically necessary and appropriate.