

<b>Case Number:</b>	CM15-0086814		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 46 year old female, who sustained an industrial injury on 2/28/2012. She reported a fall off a ladder in 2009 that had resolved until re-injury on 2/28/2012 during lifting and bending. Diagnoses include status post lumbar fusion in 1992 and cervical fusion in 2000, localized primary osteoarthritis of pelvic region and thigh, sprain/strain of sacroiliac ligament, and lumbago. Treatments to date include medication therapy, physical therapy, and chiropractic treatments. She also underwent therapeutic injection to the sacrum reported to have provided up to three months relief after the first one, and exacerbation of symptoms after the second injection. Currently, she complained of constant right hip and buttock pain. On 4/9/15, the physical examination documented transition pain in S1 area when standing and significant decreased range of motion of the right hip with pain and guarding. There was a S1 belt in place with hard posterior plastic and a metal plate on the sacrum. The plan of care included Percocet 5/325mg twice a day, quantity #120 and a home health aide for ten hours a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen) Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This injured worker receives treatment for chronic pain. This relates to a work-related injury dated 02/28/2012. The patient has had a L5-S1 laminectomy in 1992 and a cervical fusion in 2000. The patient's medical diagnoses include sacroiliac strain and R hip osteoarthritis and pain. The patient received a number of treatments including physical therapy, chiropractic, and acupuncture. This review addresses a request for a refill of Percocet 5/325 mg #120 to be taken 1 BID by mouth as needed for pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function associated with using the Percocet. Based on the documentation treatment with Percocet is not medically necessary.

**Home health aid for 10 hours a week:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06- 11) Chapter 7 Home Health Services.

**Decision rationale:** This injured worker receives treatment for chronic pain. This relates to a work-related injury dated 02/28/2012. The patient has had a L5-S1 laminectomy in 1992 and a cervical fusion in 2000. The patient's medical diagnoses include sacroiliac strain and R hip osteoarthritis and pain. The patient received a number of treatments including physical therapy, chiropractic, and acupuncture. This review addresses a request for a home health aid for 10 hours a week. The medical documentation states that the patient can walk a block. The guidelines state that in order to qualify of home health services the patient must be home bound on a part time basis up to no more than 35 hours a week. Homemaker services are not included. These services consist of shopping, doing laundry or helping the patient bathe. The documentation in this case does not make clear what the justification for the home healthcare worker is. The request for the home health aid is not medically necessary.