

Case Number:	CM15-0089355		
Date Assigned:	05/13/2015	Date of Injury:	04/19/1990
Decision Date:	09/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 57-year-old female with an industrial injury dated 4/19/1990. The injured worker's diagnoses include severe bilateral complex regional pain syndrome of lower extremities, failed back syndrome status post multiple back surgeries with postoperative formation of epidural fibrosis, bilateral shoulder pain, history of depression, and bilateral lower leg infection left more than right. Treatment consisted of diagnostic studies, prescribed medications, hospitalization from 1/4/2015 to 1/10/2015 due to acute respiratory failure, pump implantations, multiple back surgeries and periodic follow up visits. In a progress note dated 2/03/2015, the treating physician reported that the cervical spine exam revealed midline tenderness of the cervical spine, bilateral paravertebral muscle tenderness, bilateral lateral trapezius tenderness and painful cervical spine movements. Lumbar spine exam revealed midline tenderness, bilateral paravertebral tenderness, bilateral lumbar facet tenderness, and bilateral sacroiliac joint tenderness. Tenderness in the bilateral shoulder and breast involving the intercostal area were also noted on examination. Bilateral leg exam revealed infection with purulent discharge, increased sensitivity to bilateral lower extremities and hypertrophy changes. Motor exam revealed severe weakness of bilateral lower extremities with inability to examine for muscle strength due to severe reflex sympathetic dystrophy. The treating physician prescribed services for wound debridement of both lower extremities with nail clipping, Synthroid 100mcg, Lidoderm patch #30, Oxycontin 80mg #360, Home health Registered Nurse (RN) and 1 monthly and as needed Foley catheter replacement now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an Oxycontin 80mg prescription. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Therefore

Lidoderm patch #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The clinical records submitted do support the fact that this patient has tried and failed use of a first line treatment for localized peripheral pain. Specifically, the patient has used the first line treatment, Pristiq, an SNRI anti-depressant. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is medically necessary.

Synthroid 100mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AACE/AME Task Force on Thyroid Nodules, American Association of Clinical Endocrinologists and Associazione Medici Endocrinologi medical guidelines for clinical practice for the diagnosis and management of thyroid nodules. Endocr Pract 2006 Jan-Feb; 12 (1): 63-102FNA-Negative Thyroid Nodule.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypothyroidism: an update. Gaitonde DY, Rowley KD, Sweeney LB. Am Fam Physician. 2012 Aug 1; 86 (3):244-51.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Synthroid prescription for this patient. Synthroid is the name brand equivalent of generic levothyroxine. The clinical records submitted do support the fact that this patient has hypothyroidism. However, the records do not support the reason for a name brand rather than generic medication. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Synthroid prescription. Per the American Academy of Family Practice Physicians "Treatment guidelines for hypothyroidism, generic levothyroxine is more cost effective than and as efficacious as Synthroid." Therefore, based on the submitted medical documentation, the request for Synthroid prescription is not-medically necessary.

Home health RN: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Home Health RN for this patient. The clinical records submitted do not support the fact that this patient would require Home Health nursing services for no more than 35 hours per week. The California MTUS Guidelines state that Home Health Services are recommended only for medical treatment of "patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week". Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. This patient has been recommended to receive a skilled nursing level of care. The patient declined skilled nursing care in favor of home care. The medical documentation indicates that this patient requires 24 hour care due to immobility. Therefore, based on the submitted medical documentation, the request for a home health RN is not medically necessary.

Wound debridement of both lower extremities with nail clipping: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Wound Debridement.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of wound debridement and nail clipping to the bilateral lower extremities for this patient. The California MTUS guidelines do not address the topic of wound debridement of the lower extremities. According to the Official Disability Guidelines (ODG), wound debridement is: "Recommended as primary treatment for abscess skin & soft tissue infections. Surgical treatment is indicated for acute osteomyelitis when there is failure to respond to antibiotics, and debridement of bone is required, or there is evidence of soft tissue abscess, joint infection, or spinal instability". This patient has been well documented to have recurrent infection of the lower bilateral extremities. She also requires routine nail care to prevent onychocryptosis and paronychia. Therefore, based on the submitted medical documentation, the request for bilateral lower extremity debridement and nail clipping is medically necessary.

1 monthly and as needed Foley catheter replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wald HL, Fink RM, Makic MB, Oman KS. Catheter-associated urinary tract infection prevention. In: Boltz M, Capezuti E, Fulmer T, Zwicker D, editor(s). Evidence-based geriatric nursing protocols for best practice. 4th ed. New York (NY): Springer Publishing Company; 2012. p. 388-408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CDC Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009, Centers for Disease Control and Prevention.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of monthly and as needed foley catheter replacement for this patient. The clinical records submitted do support the fact that this patient is immobile and incontinent. The patient is bedbound with an inability to perform routine perineal hygiene. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of foley catheter replacement. The 2009 CDC Guidelines for Prevention of Catheter-associated Urinary Tract Infections state that patients with neurogenic bladder dysfunction qualify for indwelling and prn foley catheter placement to decompress the bladder. Therefore, based on the submitted medical documentation, the request for monthly and as needed foley catheter replacement is medically necessary.