

Case Number:	CM14-0113208		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2003
Decision Date:	09/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old patient had a date of injury on 4/23/2003. The mechanism of injury was not noted. In a progress noted dated 6/27/2014, subjective findings included pain to cervical spine. Most of his pain is at left wrist and fingers. He also has pain to left elbow as well as left shoulder. On a physical exam dated 6/27/2014, objective findings included left fingers, hand and elbow are swollen. His left thumb, index and middle finger have reduced range of motion due to swelling. The left shoulder has full active range of motion but he complains of some pain. Diagnostic impression shows epicondylitis, tenosynovitis, osteoarthritis, major depression, generalized anxiety disorder. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 6/30/2014 denied the request for Home health evaluation, stating given a home health evaluation has been done on 5/19/2013 and does not document progression of patient impairment. Furthermore, it is illegible. MSContin 30mg #60 was denied, stating no documentation of functional improvement was noted. Flector patch #30 x3 was denied, stating guidelines support oral drugs for 1st line treatment of pain. MSContin 30mg #60 and until 7/5/2014 was denied, stating that prewritten opioid prescription is not necessary as the patient is seen on a monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm#integrated>) and AETNA Clinical Policy Bulleting Home Health Aides may 17, 2005.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for otherwise recommended medical treatment for 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. In the reports viewed, it was mentioned that this patient had a home health evaluation done in 5/19/2013. However, the report could not be located in the reports viewed, and documentation regarding details of that evaluation as well as more current objective functional deficits would be needed to justify another home health evaluation. Therefore, the request for home health evaluation is not medically necessary.

MS Contin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/27/2014, the patient continues to complain of pain to his cervical spine and left wrist, with no documented functional improvement noted with the opioid regimen. Furthermore, there was no evidence of CURES monitoring or urine drug screens. Therefore, the request for MSContin 30mg #60 is not medically necessary.

Flector patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not

afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. In a progress report dated 6/27/2014, there was no documentation of an acute strain or sprain. Furthermore, there was no discussion of the patient failing a 1st line oral analgesic regimen to justify the use of this patch. Therefore, the request for Flector patch #30 x3 is not medically necessary.

MS Contin 30mg #60 -dnd until 7/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/27/2014, the patient continues to complain of pain to his cervical spine and left wrist, with no documented functional improvement noted with the opioid regimen. Furthermore, there was no evidence of CURES monitoring or urine drug screens. Therefore, the request for MSContin 30mg #60 dnd until 7/4/2014 is not medically necessary.