

<b>Case Number:</b>	CM14-0117194		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Family Medicine 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 injured worker's date of injury is 06/15/2000. This patient receives treatment for chronic pain arising from her work as a waitress when a door was swung opened which jammed her right thumb and arm. The patient receives treatment for chronic neck pain that radiate down both arms. Physical exam reveals tenderness of palpation over the paraspinal and trapezius muscles. The neck exam reveals reduced ROM and some loss in C5 dermatome sensation. Shoulder impingement testing is positive. An MRI of the cervical spine on 08/22/2012 shows mild narrowing of foraminal openings. The patient has had surgical treatment including medial epicondylectomy and ulnar nerve decompression R elbow, and bilateral carpal tunnel release. The patient received cervical epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care Assistance to Assist in House Cleaning and Cooking, 4 Hours/ Day x 3 Days / Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation CMS 2004 CRITERIA, PAGE 51.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Home health services, page 51. The Expert Reviewer's decision rationale: Home health care services may be medically indicated if the patient is considered homebound. Homemaker services are not considered medical treatment and therefore is not covered. Home healthcare assistance is not medically indicated, based on the documentation.

**Lidoderm Patch 5% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesic, page 111-113. The Expert Reviewer's decision rationale: Topical analgesics are considered experimental for the treatment of chronic musculoskeletal pain. Clinical trials are of short duration and they have failed to demonstrate convincing evidence of their effectiveness. Lidoderm patch may be medically indicated for the treatment of neuropathy if there is evidence that first-line therapy has been tried and failed. Examples of first-line therapy include: Lyrica, gabapentin, or a tricyclic agent. The medical records do not document this type of first-line therapy. The Lidoderm patch is not medically indicated for this patient.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES OPIOIDS.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, page 80-82. The Expert Reviewer's decision rationale: Norco is a combination pill containing 325 mg of acetaminophen and 10 mg of hydrocodone, an opioid. Chronic opioid use exposes patients to harms by raising the likelihood of tolerance, addiction, opportunities for misuse, and hyperalgesia. Outcome measures need to be documented in order to document efficacy. This includes: level of functioning, pain assessment, how long the pain relief lasts, and how long it takes for the analgesia to occur. Chronic opioid therapy in clinical studies rarely achieves these efficacy goals. Based on the documentation, Norco is not medically indicated.