

Case Number:	CM14-0120016		
Date Assigned:	09/16/2014	Date of Injury:	08/23/2003
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation, and is licensed to practice in California and Washington. 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:

The injured worker is a 45-year-old female, who reported an injury on 08/23/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spine sprain/strain syndrome, cervical degenerative disc disease, cervicogenic headaches, cervical facet syndrome, left shoulder sprain/strain syndrome, induced gastritis, and right knee internal derangement. The previous treatments included medication and physical therapy. The diagnostic testing included MRI, CT, and x-rays. Within the clinical note dated 04/11/2014, it was reported the injured worker complained of pain in her lower back radiating down both lower extremities. She rated her pain 8/10 in severity. The injured worker reported difficulty with performing chores around the house. The injured worker complained of headaches. She had complaints of right knee pain. Upon the physical examination, the provider noted tenderness to palpation of the cervical spine bilaterally and increased muscle rigidity. There were trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions. The provider noted decreased range of motion, but is able to bend the neck forward. The injured worker had decreased sensation along the lateral aspect of the arms and forearms bilaterally. The range of motion of the lumbar spine was decreased due to pain. The provider noted the injured worker had decreased sensation of the left lower extremity at the L5 distribution compared to the right. The provider requested 1 evaluation for home health needs, since the injured worker is unable to cook or clean; trigger point injections; Norco; Fexmid; LidoPro topical analgesic cream; Fioricet; and Xanax. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation for Home Health Needs: Upheld

Claims Administrator guideline: The Claims Administrator 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 Section 50.2 (Home Health Aide Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health care only for otherwise recommended medical treatment for patients who are home bound, on a part time or intermittent basis, generally up to 35 hours per week. Medical treatment does not include home aide for 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. The clinical documentation submitted indicated the injured worker was unable to clean or cook. The guidelines do not recommend home health aides for cleaning and cooking. Therefore, the request is not medically necessary.

4 Trigger Point Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Colorado, 2002) Blue Cross Blue Shield, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend that trigger point injection for myofascial pain syndrome has limited lasting value and is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when all of the following are met, including the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; the medical management therapy, such as ongoing stretching exercise, physical methods, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3 to 4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The clinical documentation submitted of the physical exam demonstrates evidence of radiculopathy. The request submitted failed to provide the treatment site of the injections. Therefore, the request is not medically necessary.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or an inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines also note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted for review failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

LidoPro Topical Analgesic Cream 121GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, particularly that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendation of short term use.

Fioricet #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE Page(s): 23.

Decision rationale: The California MTUS Guidelines do not recommend Fioricet for chronic pain. The guidelines note Fioricet has a high drug dependence rate and there is no clinical study to show its analgesic efficacy. There are risks of overuse and rebound headaches. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Additionally, the guidelines do not recommend the use of Fioricet. Therefore, the request is not medically necessary.

Xanax 1MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend Xanax for long term use due to the long term efficacy being unproven and there is risk of dependence. The guidelines recommend the limited use of Xanax to 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendation of short term use of 4 weeks. Therefore, the request is not medically necessary.