

Case Number:	CM14-0121682		
Date Assigned:	09/29/2014	Date of Injury:	02/03/2003
Decision Date:	11/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain 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:

The injured worker is a 54-year-old male who reported injury on 02/03/2003. The mechanism of injury was scaffolding fell on the injured worker's head. The injured worker's medications included Ability 10 mg 1 daily, alprazolam XR 1 mg tablets 3 times a day, amlodipine besylate 10 mg 1 tablet daily, Arixtra 2.5 mg per 0.5 ml, calcium carbonate 500 mg 3 times a day, cyanocobalamin 1000 mcg, Dexilant 60 mg 1 daily, Doculase 100 mg 2 capsules daily, doxycycline hyclate 100 mg twice a day, Effexor 25 mg 1 tablet daily, Fentanyl 75 mcg apply every 3 days, FiberTab 625 mg as needed, folic acid 1 mg 2 tablets daily, Humalog 100 units per ml, Lantus 100 units per ml, lisinopril 40 mg 2 tablets daily, metoprolol titrate 25 mg once a day, multivitamins 1 tablet daily, premium powder 30 mg, Tramadol hydrochloride 50 mg tablets 2 tablets and Tylenol 325 one tablet 4 times a day as needed. The injured worker's diagnoses included diabetic peripheral neuropathy, insulin dependent diabetes mellitus uncontrolled, pain in limb, high blood pressure, and paraplegia NOS. The injured worker's surgical history included thoracic surgery, left forearm surgery, bilateral carpal tunnel repairs, surgical repair for a fractured thumb, surgery for the left lower leg, perhaps tibia and fibula in 1997, laparoscopic cholecystectomy, cystoscopy, and an IVC filter placement. The injured worker had an indwelling catheter. Other treatments were not provided. The documentation of 06/23/2014 revealed the injured worker had back pain that was constant in the middle of his low back. The pain was tolerable with medications. The injured worker was utilizing Duragesic 100 mcg per hour every 3 days and Nucynta 100 mg every 6 hours as needed for breakthrough pain. The injured worker had a small right groin rash that seemed to be resolving with an antifungal. The injured worker had hypertrophic skin over the dorsum of his feet and is waiting for the topical cream for hypertrophic skin. The objective findings revealed the injured worker had a prominent L1 vertebral body. The injured worker had mild to moderate lower extremity swelling. The

injured worker had tenderness to palpation across the low back region. The treatment plan included continued Nucynta 100 mg every 6 hours as needed for breakthrough pain, Norvasc 5 mg daily for high blood pressure, calcium carbonate 500 mg 3 times a day, lisinopril 30 mg every 12 hours for high blood pressure, lifetime treatment of doxycyclene, continue metoprolol ER 25 mg per day #30 for high blood pressure, continue Dexilant 50 mg a day for gastroesophageal reflux disease, continue Colace 100 mg for constipation, continue Duragesic at 100 mcg per hour every 3 days for pain and continue multivitamin for nutritional support. Additionally, the documentation indicated the treatment plan included 24 hour non-skilled care for activities of daily living. Topical medications were ordered as well. There was no Request for Authorization submitted for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60: 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), Pain (Chronic), Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines edications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain in documentation of the injured workers being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta 100mg #60 is not medically necessary.

Unknown 24-hour Non-Skilled Care Sessions for Activities of Daily Living: 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 Services Page(s): 51.

Decision rationale: The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the request was made for activities of daily living which would be

performed by a home health aide. There was a lack of documentation indicating the injured worker was homebound. It was indicated the request was made specifically for 24 hour non-skilled care sessions for activities of daily living. The request as submitted failed to indicate the duration being requested. Given the above, the request for unknown 24-hour non-skilled care sessions for activities of daily living is not medically necessary.