

Case Number:	CM14-0121893		
Date Assigned:	08/06/2014	Date of Injury:	05/30/2006
Decision Date:	10/09/2014	UR Denial Date:	07/17/2014
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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 male who reported injuries of unknown mechanism on 05/30/2006. On 06/30/2014, his diagnoses included spinal cord injury with persistent dysesthesia and Paresthesia, controlled with medication. His primary complaint was low back pain. He reported that use of his medications, activity restriction and rest kept his pain at a manageable level and allowed him to complete activities of daily living. His medications included Phenazopyridine 100 mg, MagOx 400 mg, Celebrex 200 mg, Tolterodine ER 4 mg, Baclofen 10 mg, gabapentin 800 mg and Dulcolax suppository 10 mg. This injured worker is a paraplegic from the lower abdomen down through the lower extremities with absent sensation and motor function below the waist. He denied hematuria, dysuria or recent UTI. The rationale for the request for home health aide was that this worker had been living with his brother who cared for him full time, but could no longer afford to do so without being paid. The note stated if his brother could no longer care for him it would likely be necessary for this worker to enter a skilled nursing facility for adequate daily care and crucial assistance with basic activities of daily living, which included transferring to and from his wheelchair, catheterization several times daily due to a neurogenic bladder and daily administration of rectal suppositories to prevent bowel obstruction and assistance with toileting, hygiene, meal preparation and all aspects of housekeeping and activities of daily living. The documentation stated that he was unable to live without care available around the clock because he could not transfer himself, could not toilet himself and needed help administering per rectum laxatives and to catheterize himself multiple times daily. In this physical examination there was no documentation of any upper body impairments or weakness. A Request for Authorization dated 06/30/2014 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing assistance care for patient who is unable to maintain catheterization, suppositories and medical regimen without in home use: 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: The request for ongoing assistance care for patient who is unable to maintain catheterization, suppositories and medical regimen without in home use is not medically necessary. The California MTUS Guidelines recommend home health services only 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. Although the progress notes state that this worker is incapable of self catheterization, inserting rectal suppositories, transferring in and out of the wheelchair, there was no evidence that he had impaired/loss of function or strength in his upper extremities. The clinical information submitted failed to meet the evidence based guidelines for home health aides. Therefore, this request for ongoing assistance care for patient who is unable to maintain catheterization, suppositories and medical regimen without in home use is not medically necessary.

Phenazopyridine 100mg 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/phenazopyridine.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: rxlist.com.

Decision rationale: Per Rxlist.com, Phenazopyridine is indicated for the symptomatic relief of pain, burning, urgency, frequency and other discomforts arising from irritation of the lower urinary tract mucosa caused by infection, trauma, surgery, endoscopic procedures or the passage of catheters. The use of Phenazopyridine for relief of symptoms should not delay definitive diagnosis and treatment of causative conditions. Because it provides only symptomatic relief, prompt appropriate treatment of the cause of pain must be instituted and Phenazopyridine should be discontinued when symptoms are controlled. During his physical examination, this injured worker denied any hematuria, dysuria or recent urinary tract infection. The need for Phenazopyridine was not clearly demonstrated in the submitted documentation. Therefore, this request for Phenazopyridine 100 mg 3 refills is not medically necessary.

MagOx (magnesium oxide) 400mg 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/mag-ox-400.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: rxlist.com.

Decision rationale: Per Rxlist.com, MagOx oral is a mineral supplement used to prevent and treat low amounts of magnesium in the blood. Usually, a well balanced diet provides normal blood levels of magnesium. Certain situations can cause a body to lose magnesium faster than it can be replaced by diet alone. These situations include treatment with diuretics, poor diet, alcoholism or other medical conditions including severe vomiting and diarrhea. Dosage is based on medical conditions. Too much magnesium in the blood can cause serious side effects. There were no blood tests or other submitted evidence that this worker had a deficiency of magnesium. The need for magnesium oxide was not clearly demonstrated in the submitted documentation. Therefore, this request for MagOx, magnesium oxide, 400 mg 3 refills is not medically necessary.

Celebrex 200mg 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drug (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommend that NSAIDs be used at the lowest possible dose for the shortest period of time in patients with moderate to severe pain osteoarthritis pain. Celebrex is recommended for the relief of signs and symptoms and osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. This injured worker does not have any of the above diagnoses. The need for Celebrex was not clearly demonstrated in the submitted documentation. Additionally, there was no frequency of administration specified for the request. Therefore, this request for Celebrex 200 mg 3 refills is not medically necessary.

Tolterodine tart ER (extended release) 4mg 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/tolterodine-tartrate.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: rxlist.com.

Decision rationale: Per Rxlist.com tolterodine is used for patients with mild to moderate hepatic impairment or severe renal impairment. This injured worker did not have either of the above diagnoses. The documentation submitted did state that he had a neurogenic bladder, but did not state whether it was the overactive type or underactive type. Additionally, there was no frequency of administration noted in the request. Therefore, this request for tolterodine tart ER (extended release) 4 mg 3 refills is not medically necessary.

Gabapentin 800mg 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), and Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: Per the California MTUS Guidelines antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There was no documentation that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for gabapentin 800 mg 3 refills is not medically necessary.