

Case Number:	CM14-0128662		
Date Assigned:	09/05/2014	Date of Injury:	07/28/2012
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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 57 year old patient had a date of injury on 7/28/2012. The mechanism of injury was not noted. In a progress noted dated 6/27/2014, subjective findings included ongoing pain in his head, neck, left shoulder, mid and low back, left forearm, left hand, left leg, left knee and left ankle and foot. His pain is 10/10 with medications, although he is sitting comfortable in the examination room. On a physical exam dated 6/27/2014, objective findings included hypertonicity of the cervicothoracic in the lumbar musculature with myospasms noted at the cervicothoracic junction as well as the lumbosacral junction with the left being greater than right. Lumbar ROM is restricted in both flexion and extension. Diagnostic impression shows cervicothoracic lumbar myofascial pain, intervertebral disc disease, left shoulder internal derangement, SP traumatic laceration left forearm. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/16/2014 denied the request for in-home care 2hrs/day, 3 times per week, stating guidelines state 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. Random urine drug screen was certified. Follow-up office visit was certified, Oxycontin 30mg #20 was denied, stating no urine drug screens available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home Care 2 hours per day 3 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: 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 a progress report dated 6/27/2014, the request was made for home care to do chores such as light cleaning, laundry, and cooking, which guidelines do not support. Therefore, the request for in home care, 2hrs/day 3x/week is not medically necessary.

Random urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids; criteria for use:. Decision based on Non-MTUS Citation ACOEM 2004, pages 222-238

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids Page(s): 43.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In a progress report dated 6/27/2014, the patient is noted to be on Oxycontin, and there was no evidence of urine drug screens in the reports viewed to monitor aberrant behavior. Therefore, the request for random urine drug screen is medically necessary.

Follow-up Office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine, 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office visits

Decision rationale: MTUS does not apply. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and

return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In a progress report dated 6/27/2014, the patient complains of 10/10 pain and the plan is to increase his OxyContin dose to assess therapeutic effects. Therefore, the request for follow-up visits is medically necessary.

Oxycontin 30mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Specific drug list, On-going Management, When to continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 complains of pain 10/10, with no documented functional improvement noted from the opioid regimen. Furthermore, there was no evidence of urine drug screens. Therefore, the request for Oxycontin 30mg #20 is not medically necessary.