

Case Number:	CM14-0131448		
Date Assigned:	08/20/2014	Date of Injury:	03/07/2008
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male with a 3/7/08 date of injury. The mechanism of injury occurred when he was standing on a platform 14 feet from the ground. The platform broke and he fell 14 feet to the ground injuring his low back, right knee, and right lower extremity. According to a progress report dated 6/3/14, the patient complained of persistent severe pain. He requested assistance at home. His wife had to stop working to take care of him. He had findings of residual CRPS to right lower extremity with frozen right knee as well as shoulder impingement and upper extremity weakness. He had difficulty with all home care activities and has been having increased discomfort off medications. Objective findings are right shoulder impingement with decreased ROM and upper extremity weakness, moderate-to-severe lumbar spine tenderness, frozen right knee with dysesthesias to pinwheel in the right lower extremity with hyperalgesia. Diagnostic impression consist of severe right knee internal derangement, chronic lumbar sprain/strain, right lower extremity CRPS, right shoulder impingement, chronic pain syndrome. Treatment to date includes medication management, activity modification, surgery. A UR decision dated 7/22/14 denied the request for home care assistance and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home care assistance for 12 hours weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7-Home Health Services; section 50.2 (Home Health Aide Services).

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

Decision rationale: The MTUS Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no documentation that the patient is home bound. In addition, there is no documentation that the home care assistance requested is for medical treatment. 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. Therefore, the request for Unknown home care assistance for 12 hours weekly is not medically necessary.

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: 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 the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Additionally, it is noted that the patient has done poorly with treatment and has difficulty with all activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10 mg #60 is not medically necessary.