

<b>Case Number:</b>	CM14-0163881		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 29 year old male with date of injury of 9/21/2010. A review of the medical records indicates that the patient is undergoing treatment for cervical and lumbar strain and sprain; right shoulder strain and impingement. Subjective complaints include continued lower back pain with pain, numbness, and tingling down her lower extremities bilaterally. Objective findings include decreased range of motion of the lumbar spine with a positive straight leg raise on the right side and tenderness upon palpation of the paraspinals. Treatment has included an electrical muscle stimulation unit, Cyclobenzaprine, Nucynta, and a home exercise program. The utilization review dated 9/23/2014 partially-certified Nucynta 50mg #30, home health care, and a dermatological consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The California MTUS states that Nucynta is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There was no clinical documentation submitted for review evidencing current urine drug test, risk assessment profile, attempt at weaning, an updated signed pain contract, or evidence of measurable subjective and/or functional benefit as a result of the employee's medication regimen. The request for Nucynta is not medically necessary and appropriate.

**Home health care 4hrs/day, 3 days/week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

**Decision rationale:** According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be "homebound". Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for home health is not medically necessary.

**Dermatological consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. A review of the medical records indicates that the patient is undergoing treatment for lumbar strain with radiculopathy. There are no further questions discussed in the medical records about potential diagnoses or treatment modalities which would require the specific expertise of a dermatologist.

There is no documentation as to how a specialist would help with the diagnosis, prognosis, management or stability of this patient. Therefore, the request for a dermatology consult is not medically necessary.