

Case Number:	CM14-0163987		
Date Assigned:	10/08/2014	Date of Injury:	04/17/2008
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	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 Orthopaedic Surgery and is licensed to practice in Texas. 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 52 year old female with a date of injury on 4/17/08. She has a diagnosis of cervical and lumbar stenosis, cervical strain, cervical spondylosis, and cervical disc displacement without myelopathy. She has surgery in May 2012. She has been approved for another surgery. She has complaints of headache, dizziness, nausea and vomiting. She fell and sustained a hip injury after a fall. She has undergone physical therapy (PT), 7 visits, which did not improve her pain. She reports pain at 9/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op home health care 2 hours a day times 10 business days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2014 Mar 14;3:CD003007. doi: 10.1002/14651858.CD003007.pub3. Rehabilitation after lumbar disc surgery. Oosterhuis T1, Costa LO, Maher CG, de Vet HC, van Tulder MW, Ostelo RW

Decision rationale: There are no American College Occupational and Environmental Medicine (ACOEM) guidelines or Official Disability Guidelines (ODG) for home health care for activities

of daily living (ADL's) more than 2 years from original surgery. The request is for Home Health Care after surgery for an injured worker without assistance around the house and she needed assistance for her activities of daily living (ADL's). This is not necessary as home health services for assistance around the house more than 2 years from surgery is not medically necessary. Additional surgery is approved but not completed so this request also is not necessary.

Ongoing neurology follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database Syst Rev. 2014 Mar 14;3:CD003007. doi: 10.1002/14651858.CD003007.pub3. Rehabilitation after lumbar disc surgery. Oosterhuis T1, Costa LO, Maher CG, de Vet HC, van Tulder MW, Ostelo RW

Decision rationale: There has not been an initial consult, thus there is no indication for ongoing neurology follow ups. The patient has complaints of dizziness and falls. However there has not been a head computed tomography (CT) scan to document a neurological condition. The clinical exam has remained unchanged. There is no complete focused exam with concern for a neurological condition. The notes also do not indicate an initial consultation, thus there is no diagnosis being treated by a neurologist and treatment plan outlines to indicate need for clinical follow up.

30 day supplies of TENS unit wires and pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, TENS (transcutaneous electrical nerve stimulation)

Decision rationale: The injured worker does not meet the criteria for use of a transcutaneous electrical neuro-stimulation (TENS) unit for chronic pain. There is no documentation of response to a TENS unit and it is not to be used a primary treatment modality. There are no notes to support the need for a TENS unit.

Lidopro topical ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate ointment. Most over the counter (OTC) are not reviewed and approved by the Food and Drug Administration (FDA). However, they may be marketed if they comply with applicable regulations and policies. FDA has not evaluated whether this product complies. Medical Treatment Utilization Schedule (MTUS) guidelines do not support this as it is considered experimental. This injured worker has ongoing complaints and it is unlikely the non-approved topical ointment would provide relief in an injured worker under consideration for surgery.

Ondansetron 4mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron (Zofran®)

Decision rationale: Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also Food and Drug Administration (FDA)-approved for postoperative use. Acute use is Food and Drug Administration (FDA)-approved for gastroenteritis. This injured worker does not meet the criteria for the medication requested.