

Case Number:	CM14-0181577		
Date Assigned:	11/06/2014	Date of Injury:	10/07/2011
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Utah. 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 patient is a 44 year-old female. The patient's date of injury is 10/7/2010 to 2011. The mechanism of injury is not stated. The patient has been diagnosed with right shoulder pain, diabetes, hyperlipidemia, and tobacco usage. The patient's treatments have included nerve conduction studies, EMG, and medications. The physical exam findings dated January 16, 2013 shows the cervical spine exam as limited in range of motion, with tenderness to palpation in the cervical spine. The spurling test was positive on the left and right. The elbow exam has a negative tinell's test. The wrist and hand exam were negative. The motor is reported as normal, with Sensory diminished in the C6 distribution. The patient's medications have included, but are not limited to, Metformin, Zyrtec, Tramadol, Orphenadrine, Medrol and Simvastatin. The request is for Fexmid and home health supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervision of a patient under care of home health agency: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for supervision of a patient under care of home health agency. MTUS guidelines state the following: Home health services. 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. (CMS, 2004) According to the clinical documentation provided. The patient does not meet requirement for home health. Home Health-care is not indicated as a medical necessity to the patient at this time.

Fexmid 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Fexmid is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Fexmid requested is being used for short term therapy. It does not appear the patient has been on this medication, a short trial is acceptable. Following guidelines as listed above, there is indication for the use of Fexmid. At this time, the request is deemed as a medical necessity.