

<b>Case Number:</b>	CM14-0108840		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/09/2001
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 58 year old female, who sustained an industrial injury on 04/09/2001. On provider visit dated 05/04/2015 the injured worker has reported decreased pain in lumbar spine, legs, right sciatic, right knee and right foot. Pain was rate a 5/10 on pain scaled with medication and a 9/10 without medication. Per documentation the injured worker reports 80% benefit with the combination of duragesic patches, Oxycodone and Cymbalta. Medication was noted to increase her ability to function, but needs assistance with activities of daily living. The injured worker is noted not to be working. On examination of the lumbar spine, there was tenderness to palpation noted. A Decreased range of motion was noted. The diagnoses have included post laminectomy syndrome, joint pain - hand, lumbar/lumbosacral disc degenerative disease, lumbosacral neuritis NOS and Coccydynia. Treatment to date has included epidural steroid injections, spinal cord stimulator trial, acupuncture, heat treatment ice treatment and physical therapy. The provider requested 6 weeks of home care for 4 hours/day and Oxycodone HCL 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 weeks of home care for 4 hours/day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11) Chapter 7- Home Health Services, section 50.2 (Home Health Aid Services).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health care.

**Decision rationale:** Pursuant to the Official Disability Guidelines, six weeks home care four hours per day is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are lumbar/lumbosacral disc degeneration; lumbosacral neuritis NOS; and coccydynia. The injured worker underwent multiple surgeries the most recent with heart ablation surgery February 2014; fusion L4, L5 laminectomy June 2011; SCS trial; laminectomy L4 - L5 in 2005; and IDET August 2001 and 2002. There were no recent surgeries with documentation the injured worker is homebound. The injured worker ambulates with the cane. The documentation states the injured worker needs assistance with ADLs. Home care is indicated for patients were confined to the home (homebound) and require skilled nursing care or personal care services. The injured worker is not homebound. Consequently, absent documentation indicating the injured worker's homebound, six weeks home care four hours per day is not medically necessary.

**1 prescription of Oxycodone HCL 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone HCl 5 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany

ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar/lumbosacral disc degeneration; lumbosacral neuritis NOS; and coccydynia. The injured worker underwent multiple surgeries the most recent with heart ablation surgery February 2014; fusion L4, L5 laminectomy June 2011; SCS trial; laminectomy L4 - L5 in 2005; and IDET August 2001 and 2002. There were no recent surgeries with documentation the injured worker is homebound. The injured worker ambulates with the cane. The documentation in the medical record shows oxycodone was started December 2, 2013. Duragesic patch 50 g once every 48 hours was started January 14, 2014. On January 14, 2014 the injured worker had complaints of lumbosacral pain, pain in the bilateral legs right and right knee. The VAS Score was 9/10. There is no documentation indicating objective functional improvement with ongoing oxycodone 5 mg. There were no risk assessments the medical record. There are no detailed pain assessments in the medical record. There is no attempt at oxycodone weaning in the record. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Oxycodone HCl 5 mg #30 is not medically necessary.