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| Case Number: | CM14-0158069 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 07/19/2011 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old, who has filed a claim for chronic hand, wrist, foot, ankle, and neck pain reportedly associated with an industrial injury of July 19, 2011. In a Utilization Review report dated August 28, 2014, the claims administrator failed to approve a request for a Home Health aide, OxyContin, oxycodone, and Xanax. A RFA form received on August 21, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On March 27, 2014, x-rays of cervical spine, barium swallow study, medical transportation, and 18 sessions of aquatic therapy were sought. In an associated progress note dated March 27, 2015, the applicant reported multifocal complaints of neck and low back pain. The applicant had undergone earlier cervical disk replacement surgery and multiple interventional procedures involving lumbar spine, including SI joint injection therapy and epidural steroid injection therapy. Medical transportation, x-ray of the cervical spine, barium swallow study, and electro diagnostic testing of the upper extremities were sought. Medication selection and medication efficacy were not discussed or detailed on this occasion. In a RFA form dated May 27, 2014, Paxil and Xanax were endorsed. In an associated progress note dated May 20, 2014, 8/10 neck and knee pain were reported with derivative complaints of depression and anxiety. The applicant attributed all the symptoms to an industrial motor vehicle accident (MVA). The applicant had gained weight, it was acknowledged, and attributed the same to the industrial injury. Xanax and Paxil were continued. In a RFA form dated April 4, 2014, in-home healthcare, aquatic therapy, OxyContin, and oxycodone were sought. In a separate RFA form dated April 15, 2014, cervical collar was proposed. In a handwritten note dated September 10, 2014, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of worsening neck and shoulder pain. In a separate narrative report of the same date,

September 10, 2014, it was acknowledged that the applicant was off of work and had not worked since the date of injury, July 19, 2011. The applicant reported difficulty performing activities as basic as lifting and reaching overhead. MRI studies of the cervical spine and shoulder were sought. The applicant remained depressed. Home Health care for the purpose of assistance with daily chores, cooking, cleaning, and the like were proposed. The applicant was asked to cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare, 5 hours a day and days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for Home Health care was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, however, there was no evidence that the applicant is homebound, bedbound, and/or otherwise unable to attend outpatient office visits to obtain needed medical services. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that assistance with cooking, cleaning, and other household chores, i.e., the services being sought here, do not constitute medical treatment. Therefore, the request was not medically necessary.

Oxycontin 80mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, it was acknowledged on September 10, 2014. The applicant was having difficulty performing her own household chores and activities of daily living as basic as lifting and reaching overhead, it was reported on that date. The applicant's pain complaints were worsening, it was further noted. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request is not medically necessary.

Oxycodone HCL 30mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, it was acknowledged above. The applicant was on total temporary disability as of the date oxycodone was renewed. The applicant reported difficulty performing activities of daily living as basic as lifting and reaching overhead as of the date of the request, it was further noted. The attending provider as worsening overtime characterized the applicant's pain complaints. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with oxycodone. Therefore, the request was not medically necessary.

Xanax 1mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the request was framed as a renewal or extension request for Xanax. It appeared that the applicant is using Xanax on a chronic, long-term, twice daily basis, for anxiolytic effects. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.