

Case Number:	CM15-0018992		
Date Assigned:	02/06/2015	Date of Injury:	02/22/2012
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male with an industrial injury dated 02/22/2012 as the result of a head-on-collision while working. His diagnoses include lumbar disc herniation, lumbar radiculitis/ radiculopathy, cervical disc herniation, cervical radiculitis/radiculopathy, left acetabular fracture, left knee internal derangement, symptoms of reflex sympathetic dystrophy, head trauma with cephalgia, deep vein thrombosis (lower extremity) on anticoagulation therapy, anxiety and depression, insomnia, visual impairment, and gastritis. Recent diagnostic testing was not provided or discussed. He has been treated with open reduction internal fixation of left acetabular fracture (no date), total left hip arthroplasty (no date), conservative care, and medications. In a progress note dated 12/11/2014, the treating physician reports low back pain with numbness and tingling in the left leg radiating to the toes with a pain rating of 8/10, gastritis and headaches despite treatment. The objective examination revealed that the injured worker use a walker for assistance with ambulation, restricted range of motion in the lumbar spine, positive straight leg raises bilaterally, hypoesthesia at the anterolateral aspect of the left foot and ankle, paraspinal tenderness with paraspinal spasms, tenderness to the medial joint line of the left knee with positive chondromalacia patella compression test and positive McMurray's test over the medial meniscus, and dusky skin coloration to the left lower extremity. The treating physician is requesting Norco, neurology consultation and home health assistance which were denied by the utilization review. On 01/16/2015, Utilization Review non-certified a prescription for Norco 10/325mg #120, noting the absence of specific documentation of efficacy, drug screenings, attempt at weaning/tapering, and signed pain contract between provider and injured worker. The

MTUS Guidelines were cited. On 01/16/2015, Utilization Review non-certified a request for neurology consultation, noting the absence of documentation regarding initial attempts to manage symptoms, and absence of documentation regarding quality, severity, duration, location and quality of headaches. The ODG Guidelines were cited. On 01/16/2015, Utilization Review non-certified a request for home health assistance, noting the lack of clear evidence that the injured worker is home bound and the injured worker's living situation. The MTUS Guidelines were cited. On 02/02/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, neurology consultation, and home health assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSMedications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and back pain. The current request is for Norco 10/325mg #120. This medication was first mentioned in the 11/13/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is permanent and stationary. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The medical reports provided indicate the patient's pain is at an 8/10 and using a walker to assist with ambulation. In this case, there is documentation of pain assessment using a numerical scale describing the patient's pain but no before and after analgesia is provided. No documentation of functional improvement, ADL's or returns to work are discussed. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request IS NOT medically necessary.

Neurology consult: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and back pain. The current request is for home health assistance. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. The medical reports provided indicate "Home health care is needed to assist the patient with activities of daily living, 6 hours a day and 7 days a week. Some of the assistance the patient will need include the following: cooking, cleaning, showering/bathing, grocery shopping, traveling etc." In this case, the treating physician has asked for 42 hours per week which exceeds what is allowed per MTUS guidelines. In addition, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and there is no debilitating diagnosis provided for this patient, only chronic pain. The MTUS guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. There is no documentation found in the reports provided that the patient requires medical treatment at home, only homemaker services. Therefore, the request IS NOT medically necessary.

Home health assistance: 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 Services Page(s): 51.

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and back pain. The current request is for home health assistance. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. The medical reports provided indicate Home health care is needed to assist the patient with activities of daily living, 6 hours a day and 7 days a week. Some of the assistance the patient will need include the following: cooking, cleaning, showering/bathing, grocery shopping, traveling etc. In this case, the treating physician has asked for 42 hours per week which exceeds what is allowed per MTUS guidelines. In addition, there is no documentation of why the patient is unable to perform self-care. No neurologic and physical deficits are documented on examination and there is no debilitating diagnosis provided for this patient, only chronic pain. The MTUS guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services or activities of daily living. There is no documentation found in the reports provided that the patient requires

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