MAXIMUS Federal Services

Case Number:	CM15-0041543		
Date Assigned:	03/11/2015	Date of Injury:	02/27/2007
Decision Date:	05/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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, Pain Management

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 42 year old male patient who sustained an industrial injury on 02/27/2007. A primary treating office visit dated 11/18/2014 reported subjective complaint of upper back pain with intermittent spasm that he rates a 6 out of 10 in intensity. He is currently prescribed norco 5/325mg, Restoril, Viagra, Multi-Vitamin, Soma, Vitamin C and Zanaflex. the assessment noted T11 paraplegia; neurogenic bladder; neurogenic bowel, status post ileostomy; sexual dysfunction; chronic cervical pain; bilateral shoulder impingement syndrome; peripheral pressure ulcers, right foot fifth metatarsal head; stats post IVC filters; bilateral long trigger fingers and chronic thoracic pain. Continue to recommend additional physical therapy. The most recent document provided showed a primary treating office visit dated 07/27/2015 and the patient with presenting complaints of neck pain. Current medications showed Viagra, Soma and Norco 10/325mg with refills given this visit. the assessment showed T11 paraplegia; neurogenic bladder; neurogenic bowel, status post ileostomy; sexual dysfunction; chronic cervical pain; bilateral shoulder impingement syndrome; peripheral pressure ulcers, right foot fifth metatarsal head; status post IVC filters; bilateral long trigger fingers and chronic thoracic pain. The plan of care involved recommending re-evaluation with podiatrist; home nursing care, urology consultation, recommending gym membership, continue to obtain a lightweight wheel chair. The patient is to follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nursing every day for wound care right foot, quantity: 14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding the request for home health nursing, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, the patient was receiving home nursing care for an open wound of the foot, but the current documentation suggests that this wound is now healed and no other clear indication for ongoing home nursing care has been presented. In light of the above issues, the currently requested home health care is not medically necessary.

Soma 350 mg 1 tab po q 8 hr prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.