

Case Number:	CM15-0049268		
Date Assigned:	04/15/2015	Date of Injury:	05/13/1998
Decision Date:	05/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: Emergency 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 59 year old female who sustained an industrial injury on 5/13/1998. Her diagnoses, and/or impressions, include: chronic pain syndrome; fibromyalgia syndrome; psychological diagnosis; diabetes; and lupus. No current magnetic resonance imaging studies are noted. Her treatments have included injection therapy and medication management. The progress notes of 2/4/2015, noted ongoing radiating pain, with flare-ups, to the neck and left mid-back; low back, with numbness and tingling; and radiating bilateral shoulder, elbow and wrist pain, all causing her the inability to perform activities of daily living, caused by overuse, secondary to the issues on the right side of her body. The physician's requests for treatments included home health care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance x 4 hours per day, 5 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS guidelines, www.medicare.gov (section 1, page 5).

Decision rationale: There is no documentation indicating that the patient is home bound due to her condition which is required to qualify for home health care. This is a standard which is needed by most insurers and well as CMS. There must be certification from her physicians that leaving her home isn't recommended because of her condition. Also, her condition keeps her from leaving home without help, such as the need for special transportation. This is usually for treatment such as wound care, physical therapy, or IV antibiotics, and not for aid in activities of daily living. Therefore the request is not medically necessary.

Voltaren gel 3 pack x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, 111-112.

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): 111-112 of 127.

Decision rationale: Voltaren gel is a topical NSAID which is indicated for use in patients with osteoarthritis in joints or tendinitis. The efficacy in clinical trials show an effect superior to placebo over the first 2 weeks of treatment. The following 2 weeks reveal a diminishing effect. Recommended treatment course is 4-12 weeks. There is no evidence to support its use in fibromyalgia syndrome, and as such this would not be advised. The request is not medically necessary.

Lidoderm patches #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, 111-112.

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): 112 of 127.

Decision rationale: Lidocaine applied topically is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such a tri-cyclinc anti-depressant or an AED such as gabapentin. Further research is needed to recommend its use in chronic neuropathic pain disorders other than post-herpetic neuralgia. It is not advised in non-neuropathic pain. There is only one trial that tested 4% topical lidocaine for the treatment of chronic muscle pain, with the results showing no superiority over placebo. It is not indicated for use in fibromyalgia. The request is not medically necessary.