MAXIMUS Federal Services

Case Number:	CM15-0049507		
Date Assigned:	03/23/2015	Date of Injury:	10/29/2012
Decision Date:	05/14/2015	UR Denial Date:	03/02/2015
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: 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 30-year-old female who reported an injury on 10/29/2012. The mechanism of injury was not specifically stated. The current diagnoses include worsening headaches and visual symptoms as well as status post ALIF at L5-S1 on 02/03/2015. The injured worker presented on 02/19/2015 for a follow-up evaluation with complaints of low back pain and worsening headaches with intermittent visual symptoms. The injured worker was status post lumbar interbody fusion on 02/03/2015 following a failure of extensive treatment to include physical therapy, pain medication, and activity modification. Postoperatively, the injured worker was treated with several months of physical therapy followed by a return to work. Unfortunately, the provider noted the injured worker's condition worsened gradually as she continued to work. Since the surgery, the injured worker reported mild improvement in low back pain and right leg pain; however, the symptoms remained. The injured worker does have a prior history of migraines, and reports worsening headaches with visual symptoms. The injured worker was utilizing MS Contin 45 mg, Dilaudid, and Norco. Upon examination of the lumbar spine, there was a mildly antalgic gait secondary to low back and leg pain, a well healed incision, tenderness to palpation over the L4-S1 region with spasm, limited range of motion secondary to pain, 4/5 motor weakness, diminished light touch sensation in the right L5 and S1 distribution, diminished reflexes on the right, and positive straight leg raising on the right at 60 degrees. There was tenderness over the bilateral SI joint with positive faber testing bilaterally. Recommendations included continuation of the current medication regimen, home care for daily chores, and a

neurological consultation to evaluate and treat for visual symptoms related to headaches. The provider recommended flexion/extension x-rays of the lumbar spine as well as a raised toilet seat and shower chair. A Request for Authorization form was then submitted on 02/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care- 4 hours, 3 days a week, for 2 months help with cooking, cleaning, and chores: 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) Home Health Services.

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

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis. Medical treatment does not include homemaker services and personal care. Therefore, the current request cannot be determined as medically appropriate, as the request for home care includes cooking, cleaning, and chores. Given the above, the request is not medically necessary.

Neurological Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, there is no clinical documentation suggesting a failure of conservative management for headaches. It is unclear how the injured worker will benefit from the additional referral. There is no indication of a chronic or acute change. The medical necessity for a neurology consultation has not been established. Therefore, the request is not medically appropriate.

Colace 100mg, #90, 3 refills: 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) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment of opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, there was no indication of a failure of first line treatment. The medical necessity for 2 separate stool softeners has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Senna DS #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) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment of opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, there was no indication of a failure of first line treatment. The medical necessity for 2 separate stool softeners has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Gabapentin 300mg, #90, 3 refills: 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) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been considered as a first line treatment for neuropathic pain. In this case, it was noted that the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. Therefore, the ongoing use of this medication would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.