

<b>Case Number:</b>	CM15-0097905		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/07/1997
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 49-year-old male, with a reported date of injury of 07/07/1997. The diagnoses include electrical injury of the upper extremities causing injury to the injured worker's brachial plexus and probably the brain; left ulnar neuropathy; and tendinitis of the bilateral shoulder joints. Treatments to date have included a PET scan of the brain on 03/20/2012 which showed decreased metabolic activity in the temporal and frontal lobes bilaterally with mild atrophy of the bilateral frontal lobes; x-rays of the cervical spine on 12/04/2013 that showed no evidence of instability; an MRI of the cervical spine on 12/04/2013 which showed a bulging disc at C5-6 with no evidence of compression of the spinal cord or the exiting nerve roots; and a PET scan on 04/10/2015 which showed a reduction of the metabolism in the parietal lobes giving impression that the medical condition was consistent with progressive neurodegenerative dementia. The neurosurgical re-evaluation dated 04/21/2015 indicates that the injured worker presented with severe cognitive deterioration. He had been having significant difficulty in performing his activities of daily living at home. It was noted that the injured worker had been forgetting his medications and had become more lethargic. The neurological examination showed poor memory, fluent speech, definitive cognitive deficit involving the ability to concentrate and pay attention, intact cranial nerves, decreased motor function, sensory loss to light touch, pinprick, and two-point discrimination in the left fifth finger, with the sensory split in the fourth finger, a slow gait, increased deep tendon reflexes in the lower extremities, severe muscle spasm in the neck muscles involving mainly the bilateral trapezius muscles, and positive Tinel sign in the left elbow in the distribution of the left ulnar nerve. The treating physician

requested home health care assistance for four hours a day. It was noted that the injured worker had progressive neurological deterioration of his cognitive abilities to perform his activities of daily living. He had become more lethargic and more forgetful and at times had forgotten the medications that he had taken in the morning, which gives the potential possibility that the injured worker would overmedicate himself with medications, because his memory was becoming very deficient. It was also noted that the injured worker's medical condition was progressive and was affecting his ability to perform his activities of daily living.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health care assistance - 4 hours/ day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services.

**Decision rationale:** The requested Home health care assistance - 4 hours/ day, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. The injured worker had an electrical injury of the upper extremities causing injury to the injured worker's brachial plexus and probably the brain; left ulnar neuropathy; and tendinitis of the bilateral shoulder joints. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home health care assistance - 4 hours/ day is not medically necessary.

**Norco 10/325 mg 360 tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Official Disability Guidelines, Pain (Chronic), Opioids/medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Norco 10/325 mg 360 tabs, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as

well as documented opiate surveillance measures. The injured worker had an electrical injury of the upper extremities causing injury to the injured worker's brachial plexus and probably the brain; left ulnar neuropathy; and tendinitis of the bilateral shoulder joints. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg 360 tabs is not medically necessary.