MAXIMUS Federal Services

Case Number:	CM13-0007861		
Date Assigned:	09/12/2013	Date of Injury:	09/08/2010
Decision Date:	02/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported an injury on 10/08/2010. The mechanism of injury was not provided. The patient was noted to be taking Norco, naproxen, Prilosec, Xanax, Ambien, and Robaxin. The physical examination revealed the patient had 1+ palpable muscle spasms in the lumbar spine. The patient's diagnoses were noted to include lumbar spine sprain/strain, left lower extremity radicular symptoms, and left knee with complex degenerative tear of the lateral meniscus. The requests included medication refills and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Prilosec 20mg BID #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient was using Prilosec as a GI protectant due to NSAID use. However, the clinical documentation submitted for review failed to provide the patient had signs and symptoms of

dyspepsia to support ongoing usage. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Prilosec 20 mg BID QTY: 30 is not medically necessary.

The request for Xanax .5mg qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated the patient had anxiety due to pain and Xanax was beneficial in reducing the patient's anxiety to a tolerable level. It further indicated the patient did not require daily use of the medication. It decreases the patient's anxiety level. It failed to provide the patient's functional benefit of the medication and the clinical documentation submitted for review indicated the patient was not taking the medication daily. The request as submitted failed to indicate a quantity. Given the above, the request for Xanax .5 mg qd is not medically necessary.

The request for Ambien 10mg qd: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem.

Decision rationale: Official Disability Guidelines indicates it is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review indicated that the patient had developed chronic insomnia due to pain. It was indicted that Ambien at night had been helpful for sleep onset and the patient was reporting approximately 4 hours of restful sleep. It was further noted the patient failed sleep hygiene and other behavior modifications and tried over-the-counter sleep aids, as well as holistic supplements to try and assist with chronic insomnia. The submitted request failed to indicate the quantity of tablets being requested. As such, the request for Ambien 10 mg qd is not medically necessary.

The request for Robaxin 750mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antipasmodics, Robaxin Page(s): 64.

Decision rationale: California MTUS guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. The clinical documentation submitted for review indicated the patient found the medication beneficial. However, there is lack of documentation indicating objective functional improvement with the requested medication. The request, as submitted failed to indicate a quantity. Given the above, the request for Robaxin 750 mg BID is not medically necessary.

The request for home health aide 5 days/week 9: Upheld

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

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

Decision rationale: CA MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 clinical documentation submitted for review indicated the patient lived at home and was concerned about receiving home care following the surgery. It was indicated the patient would not be able to get around and would require assistance. However, there was a lack of documentation indicating the necessity for licensed personnel assistance and the patient would be in need of medical assistance. Additionally, there was a lack of documentation of the duration of treatment. There is lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for home health aide 5 days a week 8 hours a day is not medically necessary.